

**A practical theological study of the efficacy of the Roman Catholic Church
– Witbank Diocese’s teaching regarding the healing ministry: Towards the
development of an integrated and intercultural healing ministry**

By

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A practical theological study of the efficacy of the Roman Catholic Church – Witbank Diocese’s teaching regarding the healing ministry: towards the development of an integrated and intercultural healing ministry.

I declare that the above dissertation is my own work and that all the resources that I have used or quoted have been indicated and acknowledged by means of complete references.



17 April 2019

Signature

Date

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With thanks giving I note the presence of the Almighty in my life, rejoicing in the abundance of love that God has bestowed in me. I will forever sing your praise.

Semper Fidelis

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KEY TERMS

Practical, Theological, Healing, Ministry, Catholic, Integrated, Development, Intercultural, Cultural, Traditional. Healing ministry. supernatural

ABBREVIATIONS

RCC	Roman Catholic Church
ATRs	African Traditional Religions
SACBC	Southern African Catholic Bishops Conference
IBID	Ibidem
Mk	Mark
Lk	Luke
Mt	Matthew
Jas	James
LG	Lumen Gentium
PO	Presbyterorum Ordinis
GS	Gaudium et Spes

ABSTRACT

Sickness is a problem that has not escaped any society and thus is on the agenda of every culture. Since time immemorial cultures have searched for answers to the questions raised by the phenomenon of sickness but none have provided solutions, as it has become clear that sickness is part of our human existence. Many people have resorted to religion in search of consolation in times of affliction and the Roman Catholic Church is not immune to this expectation, as we see many leaving the church in search of healing in the African Traditional Religions and other Christian churches because they feel that the church is inadequately dealing with the problem. In this study the author undertakes a research journey within the Diocese of Witbank of the RCC to investigate as to why the church's healing ministry is not effective. Through engagement with participants in the research field and relevant literature the author discovered that the RCC is seen to be suspicious of the African worldview and consequently does not take its members' fears and frustrations around the phenomenon of sickness seriously as it judges them to be superstitious. This suggests that there is nothing that Western Christianity can learn from African cultures maintaining its superior attitude and further alienating indigenous communities. The author suggests that in order for the RCC to respond with relevance to this problem it needs to reconcile the Christian worldview, which is western, with the African worldview. He puts high on the agenda of Christian theology the urgent call to African theologians to develop an African theology that will give birth to a genuine African Christianity. In conclusion as a solution the author proposes an integrated and intercultural healing ministry for the Diocese of Witbank. This model is aimed at appropriating African values, idioms and language in the RCC to create an atmosphere where the church is seen as a welcome guest who comes bearing gifts but at the same time expects to be taken care of by its host.

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CHAPTER 1

INTRODUCTION

Background to the study

The research explores the trends and practices of the Roman Catholic Church (RCC) concerning to the healing ministry in the Diocese of Witbank. The Diocese of Witbank falls within the Mpumalanga province in South Africa under the regions that form of the Southern African Catholic Bishops Conference (SACBC), including countries of Botswana and Swaziland. The Diocese of Witbank is constituted by diverse indigenous cultures among whom are the Bapedi (Northern Sotho speaking people), the amaNdebele, amaSwati, Tsonga and others. It is mostly rural and under developed and characterised by high level of poverty. Most of the people in the area are still deeply involved with the practices of their indigenous cultures, even though many have converted to Christianity. In other words, although people are Christian and committed to their Christian religion in its diversity, be it RCC, Dutch Reformed, Methodist and others including fundamental religions; they still hold on to their African Traditional Religions (ATRs), which informs and influences their worldview and praxis.

Healing ministry among Africans forms an integral part of worshipping. However, there appears to be in existence a lack of mutual engagement between religion and culture in the RCC with regards to the healing ministry and other practices and customs of African people. Among Africans in South Africa, healing cannot merely be understood along conventional Western mechanistic lines bounded by the limitations of its closed, rational approach, because African healing is rooted in a worldview which is larger and broader (Oosthuizen 1968:47). Even though the faithful have embraced Catholicism they however still prefer their sickness to be treated in a manner that is inclusive of their worldview. It is in this light that this research seeks to understand what the attitude of the RCC has been in catering for the need for healing of its faithful.

The study contributes towards the reconciliation between the Western and the African approaches to healing with the goal to establish an integrated - intercultural ministry of healing in the Diocese of Witbank. Finding common ground between traditional African culture and Western culture will help identify those traditional African elements that can easily be reconciled with Christian thought and tradition without implying that for Christianity to make sense it has to be Western. Christianity as a religion claims superiority over other religions, whereas religion and all religions for that matter are social constructs. Therefore, not religion is superior than others.

This study is both empirical and theoretical. The empirical component is qualitative; a questionnaire designed for open ended questions, personal observations and document study are employed as data collection techniques. These are the most accessible tools to collect required data. The theoretical component involves a study of relevant literature with special reference to the healing ministry in the RCC and its efficacy in the Diocese of Witbank. Through this exercise, the current trends are identified and upon reflection a new approach is developed.

1.1 Motivation for the study

I am a Catholic priest ordained in 2003 for the Diocese of Witbank, which is located in the Province of Mpumalanga. I have ministered in the area of Emalahleni since 2005 to date. I currently serve at the parish of Our Lady of Fatima in Vuka Extension, Mhluzi. The congregation is semi-urban and fairly educated consisting of different cultures and backgrounds, influenced by the surrounding mines and eMalahleni being a metropolitan attracts people of diverse backgrounds.

In the ministry I have learnt that there is a general and well accepted attitude among congregants to keep sickness or disease as a private matter for a number of reasons among which is fear for witchcraft, seeking other interventions such as going to traditional healers, spiritual healers and at times sangomas. Very often than not, the priest will be notified in at the last minutes to offer spiritual or ministerial services, such as administration of the anointing of the sick and other support, mostly when the sick person is critical and on the verge of death. Many a time people will flock to

different churches or revert to ATRs for answers, consolation, and support once they discover that they are going through some kind of sickness. These people go to these other places because in these places healing is taken more seriously than in the RCC. There is an exodus in the RCC and this gives rise to some questions that need to be answered if the RCC is to be relevant. The questions that came to mind are as follows: has the church been vocal and clear on its teaching on healing? Why are Catholics going out to seek answers elsewhere other than in their own church or religion? Is it a case of congregants' ignorance that they are not communicating their problem to a priest? Do priests in the RCC understand their role in administering to the sick? Have I as a priest done enough to support those I minister to who are sick and those afflicted? What is the role of the bishop towards promoting a healthy and fulfilling ministry to the sick in his diocese? In the Gospel of St. John 10 verse 10 – Jesus says the following words: “I came so that they might have life and have it more abundantly” (New American Bible, 1997).

The research identifies current trends in the Diocese of Witbank and examines as to whether enough is done to respond to this need for healing and in that way offer the necessary support to those afflicted and those are affected.

1.1.1 Problem Statement

The need for healing stems from the existence of suffering as a result of sickness. Sickness and suffering are part and parcel of our human existence and they have always been among the greatest problems that trouble the human spirit (Ronzani 2007:13). The problem that this work investigates is the efficacy of the RCC's teaching on Healing, to see how the challenges around its praxis are handled in the Diocese of Witbank. It is evident that many are leaving the RCC to search for healing in other churches and from traditional healers. This is noted with consistency by Bate (1995:15), Goodhew (2000), and Erasmus et al (2012) that between 1980 and 1990 in South Africa, the number of Christians belonging to mainline churches as the Anglican, Methodist, [Roman] Catholic, and Dutch Reformed Church declined by 25 percent from 12.1 million to 9.1 million.

The main focus of the study is the healing ministry in the Diocese of Witbank of the RCC. It seeks to understand what the RCC's teaching is on Healing and to give reasons as to why many Catholics are leaving the church in search of healing elsewhere. Healing is often approached as a way of restoring wholeness and harmony so that one could be able to live life to the full. Lartey (1997: 62) argues that "healing presupposes that we have lost something we once enjoyed and that it is possible to regain what we have lost", in this case our health. If the church is to be relevant in this era it needs to find meaningful new ways to express its faith. It is evident that many are leaving the RCC in search of healing in other religions [or traditional churches] because they feel that certain elements of their culture are not being respected (Mwaura in Waruta & Kinoti 2005:77). A new praxis that takes into consideration cultural elements that are consistent with Catholic teaching on the healing ministry needs be developed as a matter of urgency.

1.2 Purpose of the study

The study brings to the fore through exploration the understanding of the practices of the RCC with regard to the healing ministry and further establishes reasons as to why some Catholics in the Diocese of Witbank revert to ATRs or convert to other religions. Others although they remain with the Church would rather secretly go to other churches which practice healing or take healing seriously. The study is also directed towards the development of an integrated-intercultural model of the healing ministry in the Diocese of Witbank.

1.3 Objective of the study

The aim of the study is to define the RCC's teaching on healing, which will in turn be evaluated as to how it has been implemented in the Diocese of Witbank. Secondly the study will propose an integrated-intercultural healing ministry as a plausible model for the healing ministry for the diocese informed by the findings of the research. This model is directed at reconciling dictates of faith and cultural expression, thus

integrating Western and African approaches to ministry towards the development of an integrated-intercultural healing ministry.

1.3.1 Research questions

For the objectives of the study to be realized it is imperative that certain questions be asked to inform the research. Is the church of the Diocese of Witbank responding accordingly to the need for healing of its faithful? Firstly, what is the teaching of the RCC on healing? Who are the teachers in this regard? What are the means of transmitting this teaching? Secondly, findings also need to be put into context so that they can be evaluated and that gives rise to more questions. Who are the recipients of this teaching? How has it been handed down in the diocese of Witbank? How has it been received by the intended recipients? In the case of the Diocese of Witbank is it efficacious? Why are the faithful of the Diocese of Witbank leaving to look for healing outside the Church? Why is it that many Africans prefer ATR's healing systems in addition to Christian faith and medicine? Lastly, what needs to be done? What can the RCC do to make its healing ministry meaningful and relevant? Are these traditional healing methods in some cases in agreement with the Christian Faith?

1.4 Research design

Based on the research questions this research is explanatory, as it “is conducted to gain insight into a situation, phenomenon, community or an individual” (De Vos et al 2005:106). It seeks to understand what the RCC's teaching is on healing and to give reasons as to why Catholics are leaving the church in search of healing elsewhere. It develops and evaluates causal theories that are evident in the relationship between the research questions and the answers explaining them assisted by Tillich's (1953:68-70) method of correlation, which is a theological frame work that operates with the intention of giving answers to life issues by providing theological explanations. Such explanations involve interpreting the evaluated information by means of inductive logic (Welman et al., 2005:190). Through the pastoral cycle the research develops

explanations from data gathered as to why there is such a disregard for the RCC's teaching by its lay members when it is so clearly defined.

The study is both empirical and theoretical. The empirical component is qualitative, as it adopts an interpretive approach to data, studies phenomena within their context and considers the subjective meanings that people bring to their situation and this is achieved through answering an open - ended questionnaire, personal observation and document analysis. The theoretical component will involve a study of relevant literature "to demonstrate thorough knowledge relating to the research and the intellectual traditions that surround and support the study" (de Vos et al., 2005:263).

1.4.1 Data Collection Techniques

With regard to the healing ministry in the Diocese of Witbank not much is documented, so the most viable means to collect data around the subject was to send out an open ended questionnaire to the relevant structures in the diocese that are involved in the healing ministry, to do personal observation, and to do a document analysis of Pastoral letters of the bishop addressing this subject.

1.4.1.1 Questionnaire

As permitted (Annexure A) by the bishop of the Diocese of Witbank fourteen priests, five deacons, nine Catechists, 13 lay people and ten young people participated in the study by filling in the questionnaire from which data collected is used for analysis (Annexure B).

1.4.1.2 Participant observation

Participant observation can be described as a qualitative research procedure that studies the natural and every day set up in a particular community or situation (de Vos et al 2005:276), and in this case the community will be the Diocese of Witbank of the Roman Catholic Church. Parishes will be observed as they go on with the healing ministry and the immediate findings will be noted and incorporated in the research as

findings. According to Welman et al., (2005:194) the researcher is required for a period of time “to take part in, and report on, the daily experiences of a group, community or organization”. In the observation of participants the emphasis is thus both on one’s own participation and that of others, observing both human activities and the physical settings in which such activities take place (de Vos et al., 2005:275). As a researcher and parish priest it is not difficult to get “actively involved in the daily situation of the respondents while observing their behaviour and making field notes and recording actions, interactions and events in an unstructured or semi-structured manner” (de Vos et al., 2005:275) as we experience the healing ministry in the context of the Diocese of Witbank. This observation takes place within the parish setting where the participants are readily available and the ministry of healing takes place as a frequent occurrence in the life of the congregation.

1.4.1.3 Interviews

An interview presumes that there is a story to tell and listening is seen as a way of gaining knowledge and information. By listening to other people stories one can make sense of their situations. All interviews are interactional events and interviewers are deeply and unavoidably implicated in creating meanings that ostensibly reside within participants (de Vos et al., 2005:287).

The interviewees are selected from observed participants, priests, deacons and the Catechists, laity and young people who are entrusted with the responsibility to teach the Catholic faith and have participated in answering the questionnaire. These individuals are approached for an in depth interview on the research problem drawing from their answers from the participation in answering the questionnaire. The Diocese of Witbank has 21 parishes that are divided into three deaneries and it is from these structures that priests, deacons, catechist, lay people and young people were considered for an interview. The laity that will be considered they must have received the sacrament of confirmation in the RCC and the priests worked in the Diocese of Witbank for at least three years or above. This was a simple conversation with a purpose of gaining information, a deliberation on the research problem and has

captured the attitude of the interaction. As noted in Welman et al., (2005:198) the interviewer's questions should thus be directed at the participant's experience of the healing ministry in the RCC with special attention in the Diocese of Witbank, their feelings about the experience, what their belief is and their convictions about the theme in question.

The purpose of the interview was simply to allow participants to give their views on the research problem prior to scientific investigation. Investigating how they see understand the Church's ministry of healing and what their assessment was, as to whether the ministry enriching or not and what the reasons would be for their conclusions? The interview [has] had a twofold aim, firstly to informants to clarify the situations [you] I have observed and, secondly, for [yourself] me to clarify the situation and the accounts given of the situation (Saunders et al., 2000:226). For the purpose of this research interviews were semi structured "organized around areas of particular interest, while allowing considerable flexibility in scope and depth" (de Vos et al., 2005:292) and these were developed from the questions in the questionnaire for further clarity and information.

1.4.1.4 Document study

Document study is a process that refers "to the analysis of any written material that contains information about the phenomenon that is being researched" (de Vos et al., 2005:314). The official pastoral documents of the Diocese of Witbank are employed as a means to investigate the perceptions around the ministry of healing in the diocese. Time and again the Bishop communicates with the faithful of the diocese through pastoral letters and circular letters on issues of faith. These documents will be studied to see what the bishops have been teaching with regards the healing ministry in the Diocese of Witbank. The nature of this exercise is historical as it tends to look at the "resources that have recorded past happenings or preserved them in some or other way located or evaluated" (Welman et al., 2005:24). Documents are drawn from the archives of the diocese to decipher the necessary data and information.

1.5 Theological approach

To make sense of the data collected the theological framework of Paul Tillich known as the method of correlation is employed drawn from several other approaches that exist in the field of practical theology. Theological approaches are methods that are used in the field of practical theology as a means by which theologians can structure their research. There can be several approaches in the discipline as much as there are several problems to be studied.

1.5.1 Prevalent approaches in Practical theology in our era

Practical theology is a discipline that can be approached from different perspectives depending on the nature of the research that is undertaken. Several approaches are recorded in history; that are employed by practical theologians as a means by which they are able to arrive at answers and generate new theological knowledge. For the purpose of this study, three approaches are identified by Manala (2006) as follows: (i) confessional approach, (ii) correlative approach, (iii) contextual approach. These approaches are discussed more in detail in the next chapter. However, the study adopts the correlative as the preferred one.

1.5.1.1 The Correlative approach

The theoretical frame work from which this study is approached is drawn from Paul Tillich's theological reflection known as the method of correlation, which holds that "there is a correlation between existential questions and theological answers" (Heitink 1999: 78). With regards to this study there must be a theological explanation as to why the faithful prefer practices outside the Catholic faith when it comes to the healing ministry. According to Tillich (1953:68) the method of correlation explains the contents of the Christian faith through existential questions and theological answers in mutual interdependence. This study investigates the elements that seem to drive people away from the RCC in the Diocese of Witbank. The understanding is simply to create a meaningful exchange between the doctrine and cultural praxis. Consequently,

questions raised by our existence and life are correlated with answers to be found in the symbols of the Christian tradition (Lartey 2006: 77). Theology formulates the questions implied in human existence and theology formulates the answers implied in divine self-manifestation under the guidance of the questions implied in human existence (Tillich 1953: 69). It is imperative that in order for theology to answer these existential questions it must engage with the context from which these questions rise.

The understanding will lean more on David Tracy's interpretation of this method, that it is a "dialogical method of 'mutually critical correlations' in which questions and answers flow in both directions between existence and the Christian symbol" (Lartey 2006:77) and can be best described as a critical formulation of both the meanings manifested by our common human experience and the meanings manifested by an interpretation of the central motifs of the Christian tradition (Tracy 1975:32). In this regard doctrine and culture view each other with mutual respect, noting that they have something to offer each other. Here theology and culture have equal opportunity to ask questions and to give answers, unlike in Tillich's method which only accorded theology such a responsibility. Tracy's correlation furthermore suggests that there could be a mutual engagement between dictates of faith and cultural expressions manifested in symbols and language, that somewhere there could be a common understanding. The meanings discovered as adequate to our common human experience must be compared to the meanings disclosed as appropriate to the Christian tradition in order to discover how similar, different, or identical the former meanings are in relationship to the latter (Tracy 1975:79) In the case of this research a possibility of mutually critical correlation between the teaching of the Catholic on healing and cultural symbolism and language is envisaged in the quest of developing an integrated - intercultural model for a healing ministry.

1.6 Methodology

The methodology that this research adopts is the pastoral cycle as proposed by Laurie Green. This method is on-going in nature as it invites those engaged in theological reflection "to proceed from experience through exploration, reflection, response and

then on to a new experience” (Lartey 2006:84) or what Mejia (Mejia in Ryan 2002: 125) describes as insertion, social analysis, theological reflection, and pastoral planning for action. Its purpose is to provide us with a comprehensive over view of a problem, situation or challenge that we want to take up effectively (Mejia in Ryan 2002:139). This method provides the researcher with the opportunity to study the teaching of the RCC on the healing ministry (Exploring – seeing) to describe how it has been done in the Diocese of Witbank, (Reflection - Judging) with the intention to make it more effective and thus retain the members within the church (Response – Acting) as the healing ministry becomes meaningful.

The study investigates the current praxis of the healing ministry in the Diocese of Witbank through research as elaborated in the research design above, and through literature review; what the church teaches, and the interpretation of data received, what participants said, a new response can be developed. It stands in support of the method of correlation in the sense that “it makes an analysis of the human situation out of which the existential questions arise, and it demonstrates that the symbols used in the Christian message are the answers to these questions” (Tillich 1953:70). The existential questions raised in the research problem necessitate interpretation, thus the importance of the pastoral cycle as a means through which answers can be arrived at. Its nature is inductive as it puts human experience as the starting point in searching for answers, while it provides the questions it is at the same time shaped by Scripture and Tradition (Mejia in Ryan 2002:123). Adopting this methodology already puts doctrine and culture in critical correlation as Tracy envisaged.

1.7 Review of Literature

The teaching of the RCC on healing can be traced back to the early centuries in the development of the church and reaches its climax in the Second Vatican Council in 1963 – 1965. This teaching is largely contained in the church’s theology on Sacraments (Sacramental theology). To get a clear understanding thereof one needs to go back in the history of the church and see how the teaching has developed to this day.

1.7.1 The understanding from Early Church

The ministry of healing in the RCC is drawn from the Scriptures as contained in the New Testament. It is practiced in the Church as a continuation of the mission of Christ to save those who have been entrusted to him by the Father. What is of particular significance is the fact that since the earliest times the church took seriously this ministry, as it realized how important it was for the well being of the sick faithful (Ronzani 2007:44). As early as the fifth century, we find that the oil destined for the anointing of the sick is blessed by the bishop, and sometimes by the priest, but the anointing itself can be done by a priest, a family member, or by the sick person himself or herself (Rouillard in Chupungco 2000:171). Hippolytus argued that “if anyone offers oil let the bishop give thanks over it in the same way that he gives thanks for the offering of bread and wine; and let him do this not in exactly the same words, but in the same sense” (Dudley and Rowell 1993: 85). This knowledge is contained in the writings of some Early Church Fathers, like Hippolytus (c.215), Pope Innocent I, Docentius – Bishop of Gubbio (c.416), St. Caesarius – Bishop of Arles. In a letter addressed to Docentius, bishop of Gubbio, Pope Innocent I wrote that it belongs to the bishop to bless the holy oil, but that all Christians, and not only priests, can use it in case of illness to anoint themselves or their relatives (Rouillard in Chupungco 2000:171). What mattered most at this time was not so much who would carry out the anointing, but rather the fact that the oil had been blessed by the bishop, and therefore would be truly effective and powerful in the life of the faithful (Ronzani 2007: 46). During this period the oil was readily available for the use of the faithful. The ministry to the sick at this time was more of a communal activity as more people were exposed to its praxis by either praying or anointing those that needed their help and prayers.

1.7.2 Eighth Century

In the eighth century the anointing of the sick took a different turn and was now looked at as something that would bring about a spiritual effect and consequently it was reserved for the dying. We detect here the determination on the part of the Church

officials to reserve the management of the sacred exclusively to the priesthood (Rouillard in Chupungco 2000: 174). Because it was now linked to the forgiveness of sins priests began to be the only ones to anoint the sick. Various Councils held at this time forbade the priests from giving the faithful the blessed oil, and so the sick had to call the priest in order to be anointed (Ronzani 2007:48). Here we see a shift in the practice of this ministry from being communally centred to now being individually ministered. Because now the anointing with oil was seen as a consecration of the dying it was never to be repeated, but would only be given once in the life of the faithful. This meant that the frequent anointing of the sick was discouraged as a practice of the faithful, as they delayed it until the moment of death, more so because if the dying person who had been anointed happened to recover from sickness, he or she was expected to live a very spiritual and penitential life until death. Another development around this time was that because the anointing was now linked with death the faithful started seeing it as an absolution and last rite, as a result to receive communion (Viaticum) was imperative as a preparation for death. Christians no longer expected recovery or even any sort of relief, but they focused on the purification of their whole being in preparation for their appearing before God (Rouillard in Chupungco 2000:172). This meant then that the faithful had less access to the sacrament as it no longer was viewed as a sacrament of life that could be received frequently, but as a sacrament of death, as it was only now to be received as a means towards preparing for the end of life. This perception drove many people away from the ministry of healing as they had no role in its praxis and instilled the fear of death among the faithful.

1.7.3 Twelve Century

In the twelve century since anointing was rarely given to people who expected to recover from their illness, the prayers for physical illness were gradually dropped from the rite, and were replaced with the ones which only spoke of remission of sins and the hope for salvation (Ronzani 2007:49). The common perception of anointing as an element in the penance ritual may, indeed, have been the principal reason for the decline of the anointing of the sick. Since this rite was performed in extreme cases we

see the decline in the involvement of the faithful and this led to the anointing of the sick becoming now a private affair with minimal participation from the faithful. Consequently, during this epoch the anointing of the sick assumes a new name, extreme unction or last rites. In this case, it is connected with the anointing of baptism and confirmation, and a striking relation is established between the sacrament at the end of life and the sacraments of initiation (Rouillard in Chupungco 2000:177 -178), the beginning of life.

The conclusions drawn at the Councils of Florence (1439) and Trent (1545 – 1563) further alienated people from receiving the sacrament of anointing as it emphasised more the dying part; and it was only in the Second Vatican Council (1963 – 1965) that the sacrament of anointing was discussed and once again given prominence but the effects of the previous Councils would be felt for a long period.

1.7.4 Second Vatican Council

The Second Vatican Council was a time for renewal for the Roman Catholic Church. It is clear from historical documentation of the church that before this period the anointing of the sick was reserved for the dying, emphasizing spiritual healing and in the process physical healing took a secondary position and was less thought of. In the Dogmatic Constitution on the sacred liturgy, *Sacrosanctum Concilium*, (Flannery 2002:22) three paragraphs are devoted to the anointing of the sick. Firstly, **paragraph 73**, which maintains that, “extreme unction” which may also and fittingly be called “anointing of the sick” is not a sacrament for those only who are at the point of death. This would mean that once again the praxis is opened even to those who are sick but not necessarily on the verge of death and still have hope towards a full recovery from illness. The implication then is that the faithful can receive the anointing of the sick repeatedly in their life time, even when they still had hope to live; indicating a sound return to ancient tradition, consequently physical healing would again come into the picture as an effect of receiving this sacrament. Secondly, **paragraph 74** states that “in addition to the separate rites for anointing the sick and for viaticum, a continuous rite shall be prepared according to which the sick [man] person is anointed after he has

made his confession and before he receives viaticum.” In this way the ordinary anointing of the sick person is separated from extreme unction which would remain relevant to one at the verge of death. Lastly, **paragraph 75** the fathers hold that “the number of anointing is to be adapted to the occasion, and the prayers which belong to the rite of anointing are to be revised so as to correspond with the varying conditions of the sick who receive the sacrament.” Here we see the rules governing the rite of anointing of the sick being relaxed so that the sacrament can be accessible to the faithful. The anointing of the sick consequently becomes a means towards the development of a pastoral care of the sick.

More documents emanating from Second Vatican Council, i.e. *Lumen Gentium* notes that “by the sacred anointing of the sick and the prayer of the priests the whole Church commends those who are ill to the suffering and glorified Lord that he may rise them up and save them. In *Presbyterorum Ordinis* priests are affirmed “in community to hold the sacred power of Order” and “by anointing of the sick they relieve those who are ill” and *Gaudium et Spes* is more specific when it mentions that “the joy and hope, grief and anguish of the [men] people of our time, especially those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well” furthermore calling on the Church to “read the signs of the time and to interpret them in the light of the Gospel, if it is to carry out its task” ((Flannery 2002).

Throughout these documents we see that the anointing of the sick is placed within the pastoral care of the Church, which is perceived to be the continuation of the healing ministry of Christ. The sick are now an integral concern in the ministry of the church, thus bringing their care into the forefront in the RCC.

1.7.5 Encyclicals and Exhortations Post Second Vatican Council

Pope Benedict XVI in his post synodal exhortation, *Africae Munus* – Africa’s Commitment, is sympathetic to the quest of the African church to utilize its own modes, derived from its variety of rich cultures to interpret and live out the Christian faith as he declared “for this reason I call upon the Church to look at Africa with faith and hope” (Benedict XVI 2011:6). In the quest to make the healing ministry relevant

this affirmation suggest that Africans can develop Christian theologies that are in touch with their realities, providing much needed answers to their questions around the issues of sickness and disease. Furthermore he observes that,

I also see grounds for hope in Africa's rich intellectual, cultural, and religious heritage. Africa wishes to preserve this, to deepen it and to share it with the world. By doing so, it will make an important and positive contribution (Benedict XVI 2011: 8).

Africae Munus notes with grave concern the challenging circumstance that are faced by believers in the African continent, such as 'wars, conflicts, pandemics, racism and xenophobic attitudes' thus it declares that the Church feels called to respond to these challenges. It is, in some sense, an imperative born of the Gospel. However, it also observes that many have taken advantage of the poor by providing false beliefs through a variety of 'prophecies and visions'. The Church's theology and pastoral care must determine the cause of this phenomenon, not only in order to stem the haemorrhage of the faithful from the parishes to the sects, but also in order to lay the foundations of a suitable pastoral response to the attraction that these movements and sects exert (Benedict XVI 2011: 73 – 74). This is an invitation to the Church in Africa to search for answers from within its rich cultures and respond appropriately to the need for healing within its parish communities.

In another post synodal exhortation that came from John Paul II, *Ecclesia in Africa* (The Church in Africa), a proposal was made for a new evangelisation of the continent of Africa. It expressed the church as God's family wherein it "emphasises care for others, solidarity, warmth in human relationships, acceptance and trust" (John Paul II 1995: 39 – 40), as values that are appropriate for Africa. We see here family is placed in the centre of Christian life and consequently called to be concerned about the well fare of the afflicted.

1.7.6 Healing Ministry beyond the Councils

The teaching of the Church fathers in Councils is universal but its implementation is within a particular church and that brings us to the problem as to how it has been received in particular churches, specifically in this case we look at the Diocese of Witbank in the SACBC region. These Council teachings remain relevant to all Churches of the world and serves as a departing platform for any developments in the theological thinking of particular churches. For the purpose of this research the study is limited to the context of the SACBC region, particularly the church in the Diocese of Witbank.

1.7.7 The Southern African Catholic Bishops Conference

The SACBC is made up of the dioceses of the whole country of South Africa and includes also Swaziland and Botswana. All bishops in the territory belong to the conference. The conference is the custodian of the Catholic Faith in these countries. As a magisterium, teaching authority of the church, they are responsible for the evangelisation of the faithful and also to provide theological direction in situations of uncertainty or misunderstanding. Thus for the purposes of this research the proclamations of the SACBC on healing and its practices are looked at.

The praxis in the territories of the SACBC finds meaning in the mind of the universal church. Mindful of the challenge of *Africae Munus* and the call for a new evangelization, the conference recognises the need to deepen the faith and Catholic identity of our people so as to promote a real sense of ownership of faith and of the church which will be expressive of its African nature (SACBC Priorities 2012:01). The church recognises that for a successful ministry in our context there must be a critical correlation, a meaningful exchange between doctrine and the worldview and cultural praxis of the people.

In the previous years as a result of the rise of healing ministry churches in its region the SACBC has issued statements on the matter, for example, a message of hope, community in service of justice and peace, ancestor religion and the Christian Faith;

and sought to embark on a campaign to conscientise its lay members about the spiritual and economical dangers that this new Episcopal charismatic churches pose to their well – being, for example the paying for spiritual favours, giving your salary in return for spiritual favours et cetera. This has been more of a reaction to a potentially threatening situation than an initiative to teach the Catholic faith. In a statement on the 11 August 2006 the bishops maintained that:

We notice with a measure of concern, that many African Christians, during difficult moments in their lives, resort to practices of traditional religion: the intervention of ancestral spirits, the engagement of spirit-mediums, spirit-possession, consulting diviners about lost items and about the future, magical practices and identifying (smelling out) one's enemies. (SACBC 2006:10).

Priests who are principal agents in the healing ministry were left with no direction and consequently to resort to what worked for them, individual preferences. This led to some ministries of healing developing within the RCC, parallel to the official teaching of the church. Consequently there have been abuses in the ministry forcing certain bishops in the region to intervene in situations where it appeared that certain praxis were contrary to what the church holds, for example, ethics in ministry, sermons during celebrations, financial implications, offerings, et cetera. In this regard some priests were prohibited to perform healing ministry, as the Conference ruled that:

Priests and religious must desist from ubuNgoma practices involving spirits, and channel their ministries of healing through the sacraments and sacramentals of the Church. (SACBC 2006:11).

1.7.8 Diocese of Witbank.

In this research the Diocese of Witbank, which is one of the churches within the region of the SACBC, becomes of particular interest. It is within its context that one seeks to investigate the efficacy of the teaching of the Roman Catholic Church on healing. Currently the Diocese of Witbank has about 100 000 Catholics. This is ascertained through the annual statistic that are collected and sent to the Vatican.

Baptismal records are kept and the number of baptisms in the current year will be added to those of the previous year to create new population register. A problem that rises from creating a population register in this way is that it fails to cater for the deaths that occur and those who leave to join other churches or those that just lapsed.

The diocese consists of twenty one parishes and is situated in the greater part of the Mpumalanga Province and borders the Limpopo Province. It has three deaneries: Highveld, Sekhukhune and the Lowveld. The Highveld deanery is mostly shared by the Ngunis, Lowveld deanery is a mostly Swati and Tsonga area and Sekhukhune deanery is mostly Pedi. The whole diocese meets annually for the pilgrimage in honour of the Virgin Mary. This is the highest celebration that brings the people of the Diocese of Witbank together.

There is no documentation with regards to the healing ministry in the diocese of Witbank, through the interviews and observations and the findings of the research one can arrive at a some understanding, through the pastoral cycle's methodology, of what has been happening and what needs to be done so that the healing ministry can be brought to the forefront of pastoral care in the diocese.

1.7.9 Towards an integrated and intercultural healing ministry.

Because of prevalent paradigm shifts and the spiritual needs of the faithful it is imperative that the ministry to the sick comes high on the agenda of every religion, precisely because religion is supposed to provide answers to explain phenomena that are not easily grasped and understood by human intelligence, such as sickness. The questions raised by our human existence [must] be correlate - [d] with answers to be found in the symbols of the Christian tradition (Lartey 2006:77). Consequently when people find no answers and feel not accommodated in the church they tend to seek alternatives elsewhere. The RCC is not immune to this challenge, so it is imperative that it takes a moment to search from within. The pastoral cycle provides a reflection tool in this regard, and through the method of correlation, as opposed to the confessional method, offers a dialogue between the teachings of the Catholic Church

and cultural praxis in that way incarnating the Gospel in an existent value system of the people.

In a recent quest the Southern African Catholic Bishops Conference has prioritized healing ministry in its region and has organized workshops (Bethlehem and Marianhill 2006) and interdiocesan consultations 2010 – 2014) around the issues surrounding the healing ministry. According to the Department of Christian Formation, Liturgy and Culture at the SACBC the aim is to bring out clearly the Catholic teaching on healing in a manner that the information is transmitted in its totality to the laity and clergy. On several occasions the Diocese of Witbank has sent participants to these workshops with the aim of enhancing and developing its own healing ministry.

The RCC's teaching looks towards an approach that heals the whole of the human person, which is in line with social science assertions, however for Africans to understand this teaching and appreciate its value the church needs to find other means for the transformation of faith, and the argument here is that culture is the agent through which faith can be expressed. This is a challenge to the whole church in Africa and particularly the mainstream churches to provide an integrated approach to healing that is inculturated in the African belief system and culture, a healing that takes place within the community and not in isolation (Mwaura in Waruta & Kinoti 2005:84).

A new model for the healing ministry in RCC needs to be developed as a matter of urgency if the is to sustain its membership and be relevant. It is the goal of this study to propose an integrated and intercultural ministry for the Diocese of Witbank.

1.8 Ethical consideration.

Participants were approached on an individual capacity and invited to participate in the study after its purpose was explained to them and will remain anonymous unless written permission is given to disclose their names to a third party, a consent form to this effect is attached (Annexure B). Informed consent was given in writing and participants were free to opt out at any stage of the interviews. Obtaining informed

consent implies that all possible or adequate information on the goal of the investigations, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects (De Vos et al 2005:59). In this case there are no dangers envisaged in the study, and the only cost would be that participants offer time for the purpose of the research. There is no monetary contract or any other benefit or incentive between the researcher and the participants. The recordings of the in depth interviews are for the reflection of the researcher only, and will be used to ascertain facts that might have eluded the taking of notes during the interview.

1.9 Limitations of the study.

The study is not general and exists within the framework of the Diocese of Witbank and focuses on the teachings of the RCC and is aimed at understanding the behaviour of Catholics in the context of the faith they profess.

1.10 Schema of chapters

This dissertation is divided into six chapters

1.10.1 Chapter one: Introduction

This is the first chapter which serves as an introduction of the overview of the study highlighting why there is there is a need for this research and how it will be conducted. It introduces the phenomenon of sickness as a problem affecting all cultural societies and role of religion in consoling the afflicted and affected. The research explores the trends and practices of the Roman Catholic Church (RCC) concerning to the healing ministry in the Diocese of Witbank.

1.10.2 Chapter two: Research method and design

This chapter focuses on research method and design. It deals with the methods employed to collect data as a means by which we can make a contribution to

addressing the research problem and answering the research questions of this study as outlined in the first chapter.

1.10.3 Chapter three: Literature review

This third chapter deals with literature that brings to the fore the teaching of the RCC on healing. The main issues reviewed are the teaching of the RCC on healing, how this knowledge has been transmitted and received by missionary churches of which the Diocese of Witbank is part thereof. This section of the study seeks to understand what the RCC teaches with regards to the healing ministry and to evaluate what problems are there that seem to exacerbate the research problem.

1.10.4 Chapter four: Voices of participants

In this chapter we go through the data that was derived from the research done in the preceding chapters. Here we identify the voices of those that participated in the study and reconcile their responses in categories and themes with the research problem.

1.10.5 Chapter five: Consolidation of voices and literature

This is the chapter that consolidates the voices of the participants in the study with literature. This provides a perspective on how the research problem has been handled by different authors in the light of the issues raised by participants in the research.

1.10.6 Chapter six: Findings and recommendations

This is the final chapter of the research. It presents the findings on the healing ministry and suggests recommendations, theological and pastoral, that can be implemented in the RCC of the Diocese of Witbank.

1.11 Conclusion

This chapter begins the study of the healing ministry of the RCC, particularly how it has been received and implemented in the Diocese of Witbank and in it the author gave an overview of the whole research and the procedure to be followed to achieve the desired results. Included in the schedule is the rationale of the study and the

researcher's background. Research questions were presented and the researcher provided a proposal as to how the research objectives of the study will be achieved. In the next chapter the details on the research and method design are elaborated on.

CHAPTER 2

RESEARCH METHOD AND DESIGN

Introduction

This chapter deals with research method and design. It deals with the methods employed to collect data as a means by which the researcher can make a contribution to addressing the research problem and answering the research questions of this study as outlined in the first chapter. It explains how the empirical component of the study is done and identifies the processes followed as data is collected and analysed. Furthermore this chapter identifies various theological methods, from which one is selected as a theoretical framework that underpins the study throughout namely: (i) confessional approach, (ii) Contextual approach, and (iii) the correlative Approach

These approaches are used by various theologians in this field of practical theology investigate theological problems. A brief outline of each of these is provided, with a view of assisting the reader to understand how these tools could be used effectively in achieving the expected results of this study. The correlative approach is adopted as the framework that underpins this study from the beginning to the end.

2.1 Research Method and Design

The study will have two major components, namely empirical component and theoretical component. The empirical component of the study is qualitative in nature. The reason for choosing a qualitative method is due to my interest in the depth study of the problem being investigated, in contrast to the quantitative method which focuses on the qualification of the problem being investigated. The approach regarding the research questions is explanatory, as it “is conducted to gain insight into a situation, phenomenon, community or an individual” (de Vos et al., 2005:106). It seeks to understand what the Catholic Church’s teaching is on healing and to attempt to find reasons as to why Catholics are leaving the church in search of healing elsewhere. Such explanations involve interpreting the evaluated information by means of inductive logic (Welman et al., 2005:190). This research develops explanations

from data gathered as to why there is such a disregard for the Catholic Church's teaching by its members when it has been clearly defined. Here the study adopts an interpretive approach to data, studies phenomena within their context and considers the subjective meanings that people bring to their situations and this is achieved through participants responding to an open ended interview schedule, In-depth interviews, personal observation and document analysis.

The theoretical component will involve a study of relevant literature "to demonstrate thorough knowledge relating to the research and the intellectual traditions that surround and support the study" (de Vos et al., 2005:263). The literature being reviewed is largely drawn from the teachings of the Roman Catholic Church as it is contained in the official documents of the church and the subsequent theological discussion amongst various theologians that emanate from such promulgations.

With regard to the healing ministry of the RCC of the Diocese of Witbank not much is documented, so the most viable means to collect data around the subject was to send out an interview schedule, which by its nature is open-ended and allows opportunities to ask follow up questions and the clarification of issues; to the relevant structures in the diocese involved in the healing ministry, and to do personal observation, in depth interviews with teachers of the faith, and to do a document analysis of Pastoral letters of the bishop addressing this subject. Data is collected to answer the questions that are raised in the problem statement by using the following data collection techniques.

2.1.1 Interview schedule

As permitted by the bishop of the Diocese of Witbank (Annexure A) fourteen priests, three deacons, nine Catechists, eight laity and five young people responded to the invitation to participation in the study by filling in the Interview Schedule from which data collected was used for analysis (Annexure B). The priests were selected for this study because they have been working in the diocese for more than three years and know the state of the ministry in the diocese as they are permanently involved with pastoral care and the celebration of liturgies. The deacons work closely with the priests as they are also involved in pastoral care and liturgical celebration, however

their number of participants is few because they are not in every parish as the diaconate is in its infancy in the diocese. The catechists are lay congregants that have been trained as teachers of the faith, consequently have been given the responsibility to provide on-going religious formation to members and to initiate converts into the Catholic faith. The laity are ordinary congregants who normally come to church for worship and the youth are drawn from the young population of the church as they are easily lost in numbers to other denominations.

The questionnaire provides the foundations of the study by pointing out where the Roman Catholic Church of the Diocese of Witbank is currently with regard to the healing ministry. Participants are selected in a manner that is representative of the demographics within the diocese as expressed above. The Diocese is divided into three deaneries namely, firstly is the Sekhukhune deanery, which is made up largely by the northern Sotho cultural communities, secondly, by the Highveld deanery which is made up by mostly Nguni cultural communities and lastly the Lowveld deanery that is made up by mostly Tsonga and Swati cultural communities. In all the deaneries white cultural communities are in the minority thus their contribution to this research is limited.

2.1.2 Participant observation

Participant observation can be described as a qualitative research procedure that studies the natural and every day set up in a particular community or situation (de Vos et al., 2005:276), and in this case the community is the Diocese of Witbank of the RCC. By its nature the healing ministry should be in existence in all parishes of the diocese, so this allows the researcher to have access to the parishes in the diocese and to engage in participatory observations. There are twenty one parishes in the Diocese of Witbank spread across its three deaneries. Because of the distance between the deaneries and the lack of resources this study is limited to the Highveld deanery. Of the twenty one parishes in the diocese ten are in the Highveld deanery and there others are shared between the deaneries of Sekhukhune and the Lowveld. Participating parishes were observed as they went on with the healing ministry and the immediate

findings are noted and become part of the collected data and incorporated in the research as findings. Parishes that have been visited for this exercise are Sacred Heart in Ackerville, St. Joseph Mukasa in KwaGuqa, St. Charles Lwanga in Mhluzi and Our Lady of Fatima also in Mhluzi. These parishes are selected because they are the most affected by the exodus of members to other denominations in search of relief from their sickness or disease.

According, to Welman et al., (2005:194) the researcher is required for a period of time “to take part in, and report on, the daily experiences of a group, community or organization”. In the observation of participants the emphasis is thus both on one’s own participation and that of others, observing both human activities and the physical settings in which such activities take place (de Vos et al 2005:275). As researcher and parish priest it was not difficult to get “actively involved in the daily situation of the respondents while observing their behaviour and making field notes and recording actions, interactions and events in an unstructured or semi-structured manner” (de Vos et al., 2005:275), as we experience the healing ministry in the context of the Highveld deanery in the Diocese of Witbank. These observations took place within the parish setting where the participants were readily available and the ministry of healing took place as a frequent occurrence in the life of the congregation.

2.1.3 Interviews

An interview presumes that there is a story to tell and listening is seen as a way of gaining knowledge and information. By listening to other people’s stories one can make sense of their situations. All interviews are interactional events and interviewers are deeply and unavoidably implicated in creating meanings that ostensibly reside within participants (de Vos et al 2005:287). The interview is a simple conversation with a purpose of gaining information, a deliberation on the research problem and should capture the attitude of the interaction. As noted in Welman et al., (2005:198) the interviewer’s questions directed at the participant’s experience of the healing ministry in the RCC, their feelings about the experience, what their belief is and their

convictions about the subject in question. The response of the participants forms the data that was collected and was analysed in the subsequent chapters of this study.

The purpose of the interview is simply to allow participants to give their views as to why the healing ministry in the RCC of the Diocese of Witbank is not effective. Further to investigating how they understood the Church's ministry of healing and what their assessment was, as to whether the ministry is enriching or not and what the reasons would be for their conclusions? The interview has a twofold aim, firstly for informants to clarify the situations [you] I have observed and, secondly, for [yourself] me to clarify the situation and the accounts given of the situation (Saunders et al., 2000:226). For the purpose of this research interviews were semi structured "organized around areas of particular interest, while allowing considerable flexibility in scope and depth" (de Vos et al., 2005:292). Questions were based on the understanding of the teaching of the Catholic Church on the healing ministry and also the subsequent, cultural imperatives that informs people's decision to leave and seek healing elsewhere outside the church (see Annexure B).

The interviewees have displayed an interest in the healing ministry and in responding to the Interview Schedule have shared information and concerns that add value and meaning to the current study. Therefore their stories have been heard and efforts were made to make sense of their situation. The interviewees are classified as follows:

2.1.3.2 Priests in the Highveld Deanery of the Diocese of Witbank

There are thirty three priests working in the Diocese of Witbank and out of these eleven are in the Highveld deanery. Priests are ordained ministers in the RCC and as such they are in the heart of its pastoral ministry. From the Interview Schedule fourteen out of the thirty - three priests responded and eleven of these were from the Highveld deanery. Of the fourteen, only nine availed themselves for an In-depth interview. Common amongst the interviewees is the interest they have in the healing ministry as an integral part of faith development in the Highveld deanery of the Diocese of Witbank. All the priests have worked in the Diocese of Witbank for at least six years. The interview necessitates a thorough deliberation on the ministry of

healing as experienced in the Diocese of Witbank, so the priests who have stayed that long in the diocese were in a proper position to provide insight than those who have been transferred to the diocese recently.

2.1.3.2 Deacons in the Highveld Deanery of the Diocese of Witbank

There are twelve deacons in the Diocese of Witbank and six of them are from the Highveld deanery. Deacons though they are ordained ministers in the RCC they however do not share the same faculties as priests as per stipulations of Canon Law. Though they can pray and lay hands on the sick they however do not act in the person of Christ as priests do and as a result they are not able to anoint those that are sick or affected by disease. Their ministry is limited and by its nature the diaconate is in service of the priesthood. For the purposes of this research all the deacons responded to the Interview Schedule and three participated in the In-depth Interview.

2.1.3.3 Laity in the Highveld Deanery of the Diocese of Witbank

The laity that participated in the study can be divided into four groups. Firstly are members of Liturgy committees from five parishes out of the eleven parishes that are in the Highveld Deanery of the Diocese of Witbank and this is so because not all parishes in the deanery have functional committees. Secondly, are the ordinary members of the parish who are recognized by many others as sages of the believing community. They have been in the parishes for a period of time and their knowledge of the history of the parish is highly valued. Thirdly, are Catechists who are entrusted with the responsibility to teach the Catholic faith. These are lay teachers who have been pedagogically trained and their duty is to initiate others into the faith. Lastly is the youth of various parishes within the deanery. An invitation was extended generally for them to participate in the study and thirteen of them from seven parishes in the deanery responded positively and contributed to the data that was collected. All the laity that participated have been baptized and confirmed in the Catholic faith.

2.1.4 Document study

Document study is a process that refers “to the analysis of any written material that contains information about the phenomenon that is being researched” (de Vos et al., 2005:314). I look at the official pastoral documents of the Diocese of Witbank as a means to investigate the perceptions around the ministry of healing in the diocese. Repeatedly, the Bishop communicates with the faithful (i.e. the laity) of the diocese through pastoral letters and circular letters on issues of faith and morality. These documents will be studied to see what the bishops have been teaching with regards the healing ministry in the Diocese of Witbank. The nature of this exercise is historical as it tends to look at the “resources that have recorded past happenings or preserved them in some or other way located or evaluated” (Welman et al., 2005:24). Documents were drawn from the archives of the diocese to decipher the necessary data and information for the purposes of this study.

2.2 Ethical Considerations

The RCC is known widely for the sanctions it imposes on those who seem to have a different theological opinion. Throughout history some members were brought before ecclesial tribunals and questioned on morals and faith, and their teaching thereof. This practice invokes fear on those who want to publicly hold a differing opinion from the church and participants in this study are not immune to that. Nevertheless they have been assured that they will remain anonymous unless written permission is given by them to disclose their names to a third party. So far, in the study there has not appeared a need to ask for permission for disclosure and such is not foreseen in future.

Informed consent was given in writing (Annexure C) in this regard and participants were free to opt out at any stage of the interviews if they felt uncomfortable to continue. Obtaining informed consent implies that all possible or adequate information on the goal of the investigations, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be rendered

to potential subjects (de Vos et al., 2005:59). The research as it were did not pose any danger to the participants be it physically or emotionally and they were not required to pay any money or be paid for participating in the study.

2.3 Theological approach

Theological approaches are methods that are used in the field of practical theology as a means by which theologians can structure their research. There can be several approaches in the discipline as much as there are several problems to be studied. In order to deal with the research problem efficiently it is useful that we locate this study within practical theology and thus assign unto it an approach that will deal effectively with the identified problem. Practical theology is relevant to this study as it provides an open field with a variety of methods that deals with the current research problem in a holistic manner unlike pastoral theology that concerns itself with how ministry should be done as laid out in doctrinal definitions.

2.3.1 Locating Study within Practical Theology

In order to locate this study within practical theology it is useful to define what we mean when we speak about practical theology in order to clear the prevalent confusion that exists and separate it from the interchangeable use with pastoral theology as it is commonly the case in Catholic theology.

2.3.1.1 Working Definition of Practical Theology

A number of definitions have been brought forward by different scholars in the field and mostly by protestant theologians. For the purpose of this study the discussion is limited to the input of some Catholic theologians as it investigates the healing ministry within the RCC.

According to Miller-Mclemore (2012:103) practical theology is a field, method and activity of faith. It is a term commonly used in Christian theology for a general way of doing theology concerned with the embodiment of religious belief in the day to day

lives of individuals and communities. This understanding brings our attention to the daily experience of people's religious experiences. Its focus thus is immediate and close to the people as theological praxis is not far from their circumstances and world-view. Additionally, she states that practical theology investigates lived theology as opposed to lived religion as it extends interest in rituals and practices to questions about how theology or knowing and loving the divine takes shape in everyday life and how everyday life influences theology (Miller-Mclemore 2012:103). In the light of this definition, we understand practical theology to be a discipline aimed at promoting a lived faith as oppose to having knowledge just for the sake of it and in that way both culture and doctrine have a contribution to make.

In the same understanding Heitink in his seminal work *Practical Theology: History – Theory and Action Domains* further illustrates that it is the “empirically oriented theological theory of the mediation of the Christian faith in the praxis of modern society” (Heitink 1999:06). It is actually the action of God through the work of those unto whom such responsibility has been given. This definition highlights that the departure of practical theology is the experience of human beings, and in the current state of the church and society, is indeed characterized by a methodology that takes practical data with utter seriousness, takes this as its starting point and keeps them in mind as it develops its theory (Heitink 1999:07). As in this research, the ministry of healing in the RCC is under scrutiny and the duty of practical theology is to provide a methodology through which new answers can be arrived at as we seek to make the teaching of the RCC on healing relevant.

2.3.1.2 Opting for Practical Theology instead of Pastoral Theology

Catholic theological education is firmly grounded on doctrinal/systematic theology as it aims at teaching on proclaimed beliefs and promotes creedal interests, consequently rendering theology to be ecclesial, institutionalized and evangelistic. As a result when it comes to the healing ministry the church has held on to old traditions and praxis which sought to exhibit its doctrinal proclamations. According to Duffy (1983:177) pastoral theology presents itself as “a science that discusses the duties, obligations and

opportunities of the priest in the care of souls and proposes the means of success in his work”. Furthermore Miller-Mclemore (2012:105) argues that in Catholicism practical theology has sometimes been limited to a pastoral and moral theology devoted to a ministerial oversight and training priests for the office of the confessor. This means that the development of its theology towards the discovery of new knowledge for praxis has been minimal. This is the very reason that prevents the development of a relevant healing ministry in the RCC as there is no constant interrogation of praxis.

As pastoral theology is reduced to confessing the faith in everyday living it has however not been able to penetrate the cultures and worldviews of many Africans as we see many in the Diocese of Witbank leaving the church to search for answers in other denominations and ATR while those that remain are discontent and unhappy with the pastoral ministry of the church. The healing ministry as it is currently appears to be devoid of the necessary elements to provide answers for those Catholics that seek healing,

The approach of practical theology offers this study an opportunity to break away from pastoral theology as we seek to understand the teaching of the RCC with regards the healing ministry. It provides an opportunity for the development of a relationship between the teaching of the church on healing and the cultural perspectives on healing, thus allowing an intercultural - correlative conversation as both provide answers to the questions raised in the problem statement. It fuses the world- view of peoples with the teaching of the church and in that way allows a mutual engagement between the two. In practical theology culture and faith approach each other with mutual respect and in that way allows for many other approaches to problem solving rather than relying on traditional practices that failed to provide answers to currently asked questions.

2.4 Prevalent approaches in Practical theology in our era

Practical theology is a discipline that can be approached from different perspectives depending on the nature of the research that is undertaken. Several approaches are recorded in history; that are employed by practical theologians as a means by which

they are able to arrive at and generate new theological knowledge. Approaches identified are Confessional approach (Doctrinal), Contextual approach and the Correlative approach by Manala (2006: 28-40). These are further discussed in detail in the next subsections, and from them the correlative approach is adopted as the theoretical framework that underpins this study.

2.4.1 The Doctrinal Approach

The confessional approach is doctrinal in nature as it seeks to impose a perspective on a context. It is prescriptive in its nature as it comes into situations with ready - made answers. Its approach to practical theology is traditionalist and subsequently normative. It assumes less on the cultural worldviews of peoples as it presupposes that conversion implies a complete change of belief. This approach is systematic for it explains in detail as to why certain beliefs are held without engaging on how these are communicated. It seldom allows a consideration for a theological reflection on praxis. It stands for a theology that is “is involved in the interpretation but the object of interpretation is the past and the texts of the past” (Manala 2006:20). Particular views of the church are adopted as the true teachings about salvation and consequently other perspective are not accorded fair judgment. Its nature is pastoral as it seeks to guide and give directives as to how ministry should be implemented. Manala (ibid) further declares that it is diaconiological as it concerns itself with the service of the church.

In the RCC this approach is enshrined to an extent that traditionalists still hold the dogma that outside the church there is no salvation so much that ATR and other Christian denominations are demonized and relegated to the periphery. Revelation and tradition guide theological reflection at the expense of experience that shapes the culture of peoples. As a result the worldviews of the cultures in which faith is practiced are not recognized.

The model of the church in this instance is catechetical. According to Duffy (1983:20) this model is tasked to form Christian attitudes and life styles in a hostile environment in assuring orthodox teaching of the faith. This approach to practical theology could be the reason why many Catholics are seen seeking help from other

Christian denominations or African traditions as they feel that the prescriptions in its teaching on the ministry of healing is devoid of their experience and worldview.

2.4.2 The Contextual Approach

The contextual approach is closely related to the correlative approach as they both value experience as a point of departure for practical theology. Theologians employing this approach are more interested in analyzing situations they find themselves in and derive theological insights from them. Nothing is accepted as normative in this instance but the process of theological engagement is driven by the attitude of what would Jesus do in the contexts we find ourselves in as we try to make sense of life. Hawkes (cited in Manala 2006) maintains that this approach is regarded as important that all aspects of the situational analysis and the theological insights and questions are brought together, and allowed to form a creative matrix for the revision of theology and /or practice. With this understanding practical theology is on a permanent reflective mode as it is creative and always generates knowledge which is constantly tested by experience.

The contextual approach is viewed with much suspicion in the Roman Catholic Church. It is from this understanding that theologians like Boff, Gutierrez emerged and gave birth to liberation theology. The situational analysis in this regard is socially engaged as it is deeply embedded in the existential domain and concerns itself with existential issues thus it is often mistaken for a political theology. Doing theology in this way always requires action and its proponents maintain that such action can only be influenced from a balanced perspective of revelation and experience, consequently this approach can generate a plurality of answers as it is never static but ongoing.

2.4.3 The Correlative Approach.

The theological frame work from which this study is approached is drawn from Paul Tillich's theological reflection known as the method of correlation, which holds that "there is a correlation between existential questions and theological answers" (Heitink 1999: 78). With regards to this study there must be a theological explanation as to why

the faithful prefer practices outside the Catholic faith when it comes to the healing ministry. According to Tillich (1953:68) the method of correlation explains the contents of the Christian faith through existential questions and theological answers in mutual interdependence. As this study investigates the elements that seem to drive people away from the RCC in the Diocese of Witbank; the understanding is simply to create a meaningful exchange between the doctrine and cultural praxis. Consequently, questions raised by our existence and life are correlated with answers to be found in the symbols of the Christian tradition (Lartey 2006:77). Theology formulates the questions implied in human existence and theology formulates the answers implied in divine self-manifestation under the guidance of the questions implied in human existence (Tillich 1953: 69).

The research will lean more on David Tracy's interpretation of this method, that it is a "dialogical method of 'mutually critical correlations' in which questions and answers flow in both directions between existence and the Christian symbol" (Lartey 2006:77). This method can be best described as a critical formulation of both the meanings manifested by our common human experience and the meanings manifested by an interpretation of the central motifs of the Christian tradition (Tracy 1975:32). In this regard theology and culture view each other with mutual respect, noting that they have something to offer each other. Here they have an equal opportunity to ask questions and to give answers, unlike in Tillich's method which only accorded theology such a responsibility. Furthermore, it suggests that there could be a mutual engagement between dictates of faith and cultural expressions manifested in symbols and language. The meanings discovered as adequate to our common human experience must be compared to the meanings disclosed as appropriate to the Christian tradition in order to discover how similar, different, or identical the former meanings are in relationship to the latter (Tracy 1975:79). In the case of this study a possibility of mutually critical correlation between the teaching of the Catholic on healing and cultural symbolism and language is envisaged in the light of developing an integrated - intercultural model for a healing ministry in the Diocese of Witbank.

The application of the Correlative approach in the South African Context is not foreign as some theologians like Manala (2006) found it useful for a comprehensive practical theology. According to Manala (2006:2) this method is scientific and it succeeds in integrating opposing concepts into a fruitful correlation. It is open to be employed in various Christian traditions and does not stand in contradiction with the Catholic faith, instead it offers a reconciliation of the two perspectives i.e., the teaching of the Church and the worldview of the people. This correlation makes real the incarnation of the gospel and as such the healing ministry in the Diocese of Witbank can be meaningful as culture is seen as a core ingredient towards the evangelization of peoples. Here we see revelation and experience collaborating in finding and offering answers and assistance in situations of need (Manala 2006:02).

The choice of the study is the correlative method as it is premised on the fact that it is critical as it allows for a continual dialogue between African perspectives of healing and Catholic perspectives of healing, in that way promoting a healthy engagement between faith (revelation) and culture (experience).

2.5 Methodology.

The methodology that this research adopts is the pastoral cycle as proposed by Laurie Green. This method is on - going in nature as it invites those engaged in theological reflection “to proceed from experience through exploration, reflection, response and then on to a new experience” (Lartey 2006: 84) or what Mejia (Mejia in Ryan 2002: 125) describes as insertion, social analysis, theological reflection, and pastoral planning for action. Its purpose is to provide us with a comprehensive over view of a problem, situation or challenge that we want to take up effectively (Mejia in Ryan 2002:139). This method provided the researcher with the opportunity to study the teaching of the Roman Catholic Church on the healing ministry (Exploring – seeing) to describe how it has been done in the Diocese of Witbank, (Reflection - Judging) with the intention to make it more effective and thus retain the members within the church (Response – Acting).

The study investigated the current praxis of the healing ministry in the Diocese of Witbank through research as elaborated in the research design above, and through literature review; what the church teaches, and the interpretation of data received, what participants said, a new response can be developed. It stands in support of the method of correlation in the sense that “it makes an analysis of the human situation out of which the existential questions arise, and it demonstrates that the symbols used in the Christian message are the answers to these questions” (Tillich 1953:70). The existential questions raised in the research problem necessitate interpretation, thus the importance of the Pastoral Cycle as a means through which answers can be arrived at. Its nature is inductive as it puts human experience as the starting point in searching for answers, while it provides the questions it is at the same time shaped by Scripture and Tradition (Mejia in Ryan 2002:123). Adopting this methodology already puts doctrine and culture in critical correlation.

Conclusion

The chapter as presented above presented the processes and procedures that will be followed in collecting data and identified a theological methodology that will be followed as a theoretical framework to underpin the study; and in that way contributed scientifically to the investigation of the healing ministry of the RCC of the Diocese of Witbank. The author in this chapter took the reader into his confidence in the way that he proposes to go about doing the research and the presentation of the theological methodology helps ground study in the theology discipline. In the next chapter the study reviews literature on healing practices of the RCC.

CHAPTER 3

LITERATURE REVIEW

Introduction

In the last chapter a theoretical framework behind the study was elaborated on. This chapter deals with literature that brings to the fore the teaching of the RCC on healing. The main issues reviewed are the teaching of the RCC on healing, how this knowledge has been transmitted and received by missionary churches of which the Diocese of Witbank is part thereof. This section of the study seeks to understand what the RCC teaches with regards to the healing ministry and to evaluate what problems are there that seem to exacerbate the research problem. The problem identified in the Diocese of Witbank is a common challenge to the existence of the RCC in the African continent. In the light of the methodology of the Pastoral Cycle which this research has employed we are now on the phase of Judging. Mejia (Wijsen et al., 2006:150) asserts that, “if the Church wants to be closer to the real problems of today’s world and itself to give answer to them it has to be open to a new chapter of pastoral and theological epistemology”. To get some understanding thereof it is imperative to assess the church’s teaching to see how it has developed to this day, hence the starting point would be to understand what the Catholic Church’s teaching is on the healing ministry.

3.1 The teaching of the RCC on the healing ministry

The teaching of the RCC on healing can be traced back to the early Centuries in the development of the church and it reaches its climax in the Second Vatican Council in 1963 – 1965. This teaching is largely contained in its theology on Sacraments (Sacramental theology). To make sense of this we go back to the history of the Church and see how the teaching has developed to what it is today.

3.1.1 New Testament practices of healing

The RCC's teaching on the healing ministry is drawn from Holy Scripture, especially the ministry of Jesus. It is viewed as the extension of the ministry of Jesus Christ that through healing Jesus manifests his kingdom and continues his presence in the world. In all the accounts of the Gospels, there are narratives of Jesus at some stage healing a person afflicted by sickness (Mt 8:16, Lk 4: 40, Mk 6: 56 etc). These healings as noted in the Scriptures are exhibits of the power that Jesus has over evil spirits and demonic powers. With Jesus there is no dichotomy, as we see no definition of physical and spiritual healing but holistic healing. Jesus healed by word and by touch, and he brought to others a healing presence through which they became inwardly renewed as well as outwardly cured (Martos 1943:328-329). The problem of sickness is not only a problem in our time but it has existed even in biblical times and there was some response to it. In the next preceding section we investigate how the problem of sickness was addressed in the Synoptic Gospels and epistles in the New Testament.

3.1.1.1 The Synoptic Tradition in the New Testament

The recording of experiences of healing in the ministry of Jesus is in accordance to the interests of writers of the time. Since Jesus was seen as an extraordinary leader recording his actions was then a means by which his works were preserved and his mission kept alive. The earliest traditions about the words and works of Jesus make it clear that the accounts of his healings formed an essential part of the presentation of the good news of Jesus Christ (Howard 2001:47). The healing miracles should not be viewed in isolation from the general ministry that Jesus Christ sought to provide. They are not stories of wonder but they contribute to the holistic approach that Jesus had to ministry. The disciples shared in his ministry of healing, and the gospels recount that he sent them out in the countryside to cure the sick and to preach the good news of the kingdom (Lk: 1-6, 10: 1 -10) and in Mark 16: 13 one text even mentions that "they anointed many sick people with oil and cured them (Martos 1943:329). According to Howard (2001:48) the evangelists were concerned with proclamation and the heart of their writing was the same heart as the church's preaching: it was to bear witness to

what Jesus meant to faith and discipleship, not merely in the years of his own ministry, but more importantly for the people of their own day.

3.1.1.2 Epistles in the New Testament.

There is further evidence in the New Testament that there was a healing ministry in the early church. In James 5: 14 – 16 and Mark 6:13 we decipher that there was already in existence the practice of the anointing of the sick. This ministry to the sick is seen in two ways in the Scriptures. Firstly that it is ecclesial in the sense that it takes place within the context of the church as we see it being placed in the hands of the presbyters (Jas 5: 14- 16) and secondly that it is a charismatic gift as communicated by St. Paul in his Letter to the Corinthian Christians. Martos (1943:329) observes that the gift of healing is presented as a charismatic gift that is given to individuals for the benefit of the community and that it was a sign that the reign of God had begun in the church. It would appear that from the Scriptures the RCC adopted the ecclesial manifestation of the healing ministry, as it regulated and determined how the ministry should be done thus putting pastoral restrictions making it not easily accessible. The understanding is that the powers of Jesus have been also extended to the Apostles and through Tradition passed on to bishops and priests. What we see being common between the practice of the ministry of healing in the Gospels and the Epistles is the actual anointing of the sick person.

3.1.1.3 The Healing Ministry in the Gospels and the Epistles

There is a general understanding that the healing ministry in the New Testament as recorded in the Gospels and Epistles formed an important part of the ministry of the apostles as handed down to them by Jesus Christ. Though this ministry was evident in the early days of the Apostles it however was not a sacrament as we understand it today. While this ministry has evolved there are elements that remained to this day and have become synonymous with the healing ministry. In the letter of James 5: 14 – 16 and Mark 16: 13, praying and anointing with blessed oil of the sick person is presented as the ministry of healing. These texts present the ministry as an activity of the church with a communal aspect. Here we see a prayer of faith by the community

and the anointing with blessed oil as a ministry of the church. This is the tradition that the Apostles handed over to the early church.

3.1.2 The Early Church to the Second Vatican Council

The practices of the early church are largely influenced by the interests of the previous epoch. Catholic theology draws its impetus from the practices of the apostles on how they founded the church and in this regard on how they understood the healing ministry as handed over to them by Jesus Christ. This understanding has been handed over to subsequent generations.

3.1.2.1 Early Church to the Seventh Century

What is of particular significance is the fact that since the earliest times the church took seriously this ministry, as it realized how important it was for the well being of the sick faithful (Ronzani 2007: 44). This knowledge is contained in the writings of the many Early Church Fathers, like Hippolytus (c.215), Pope Innocent I, Docentius – Bishop of Gubbio (c.416), St. Caesarius – Bishop of Arles. In a letter addressed to Docentius, bishop of Gubbio, Pope Innocent I wrote that it belongs to the bishop to bless the holy oil, but that all Christians, and not only priests, can use it in case of illness to anoint themselves or their relatives (Rouillard in Chupungco 2000: 171). The oil destined for the anointing of the sick is [was] blessed by the bishop, and sometimes by the priest, but the anointing itself can [could] be done by a priest, a family member, or by the sick person himself or herself (Rouillard in Chupungco 2000: 171). Martos (1943: 325) observes that:

Blessed oil was regarded as a sacramental substance through which God could effect physical cures, but there was no official ritual for applying it. Its purpose was to heal the body and strengthen the spirit of the afflicted, and it could be used by lay people as well as clerics.

The ministry had a communal aspect in the sense that it was not confined between the ordained minister and the sick person, that once the bishop had blessed the oils they

could be used by anyone who was baptised. Hippolytus argued that “if anyone offers oil let the bishop give thanks over it in the same way that he gives thanks for the offering of bread and wine; and let him do this not in exactly the same words, but in the same sense” (Dudley and Rowell 1993:85). What mattered most at this time was not so much who would carry out the anointing, but rather the fact that the oil had been blessed by the bishop, and therefore would be truly effective and powerful in the life of the faithful (Ronzani 2007:46). This oil was viewed as the “medicine of the Church”. According to Martos (1943:329) olive oil in the ancient world was commonly used for medicinal purposes, but Christians regarded their blessed [olive] oil as an effective remedy. It was readily available for Christians to use on themselves, to anoint each other and on animals. This was to counter the supernatural healing practices of the pagans. Caesarius of Arles exhort [ed] the faithful, in case of sickness not to go to soothsayers and magicians, nor to seek cure by the application of magic, but instead to come to the Church, to receive the body and blood of Christ, and to be anointed with holy oil (Mbhele 2008:67). There was no rite as to how this was to be done, so amongst many other practices affected parts of the body would be anointed. In the writings of John Chrysostom and Origen, in the third and fourth Centuries, the meaning of the text of James was interpreted differently from what the previous centuries held. Both of them, however, apparently took it as a reference not to physical sickness but to spiritual sickness because they both spoke of it in conjunction with ecclesial reconciliation (Martos 1943:330). Since then passage was understood as referring to spiritual healing and not physical healing. A dichotomy was created which was not there before, and this became evident in the Eighth century when the spiritual effects of the ministry of healing were emphasised over the physical effects.

3.1.2.2 Eighth Century to the Eleventh Century

In the eighth century the anointing of the sick took a different turn and was now looked at as something that would bring about a spiritual effect and consequently it was reserved for the dying. We detect here the determination on the part of the Church officials to reserve the management of the sacred exclusively to the priesthood (Rouillard in Chupungco 2000:174).

It is during this period that the anointing of the sick assumes the character of a sacrament. According to Mbhele (2008:65) healing became an important function of the church to an extent that the bishop prayed for the charism of healing to be given to those ordained for ministerial priesthood. In the same light, Martos (1943:330) notes that in their effort to adopt what seemed to be the sacramental practices of Rome, many bishops emphasized the importance of priestly anointing and prohibited the practice of lay anointing.

Since the healing ministry was now linked to the forgiveness of sins priests began to be the only ones who anointed the sick though the blessing of the oil was still reserved to the bishop. Various Councils held at this time forbade the priests from giving the faithful the blessed oil, and so the sick had to call the priest in order to be prayed for and consequently anointed (Ronzani 2007:48). Because now the anointing with oil was seen as a consecration of the dying it was never to be repeated, but would only be given once in the life of the faithful. Rouillard emphasises the following:

This meant that the anointing of the sick took a back seat in the spiritual well being of the faithful, as they delayed it until the moment of death, more so because if the dying person who had been anointed happened to recover from sickness, he or she was expected to live a very spiritual and penitential life until death. Another development around this time was that because the anointing was now linked with death the faithful started seeing it as an absolution and last rite, as a result to receive communion was imperative (Viaticum) as a preparation for death. Christians no longer expected recovery or even any sort of relief, but they focused on the purification of their whole being in preparation for their appearing before God (Rouillard in Chupungco 2000:172).

For fear of death the faithful hardly requested to be anointed and consequently there was a decline in the practice of the ministry in the universal church.

3.1.2.3 Twelfth Century to the Twentieth Century.

In the twelve century since anointing was rarely given to people who expected to recover from their illness, the prayers for physical illness were gradually dropped from the rite, and were replaced with the ones which only spoke of remission of sins and the hope for salvation (Ronzani 2007:49). The common perception of anointing as an element in the penance ritual may, indeed, have been the principal reason for the decline of the anointing of the sick. This meant that

“references to physical healing were dropped from the prayers and the sacrament took a penitential character. Prayers for forgiveness of sins were recited in place of earlier prayers of healing. Previously only the part of the body in need of healing was anointed. Now it had become a practice to anoint each of the five senses, the hands and the feet, reflecting the idea that the senses were the principal cause of sin” (Martos 1943:335).

Since this rite was performed in extreme cases we see the decline in the involvement of the faithful and this led to the anointing of the sick becoming a private affair with minimal participation from the faithful, thus losing its communal feel. Consequently, “during this epoch the anointing of the sick assumes a new name, extreme unction or last rites. In this case, it is connected with the anointing of baptism and confirmation, and a striking relation is established between the sacrament at the end of life and the sacraments of initiation” (Rouillard in Chupungco 2000:177-178), the beginning of life.

This presented the church with a theological problem about the effects of the sacrament as Martos (1943:336) notes that:

“There was therefore some disagreement about the effect of the sacrament because some formulas still referred to physical healing in addition to the forgiveness of sins. Moreover, though more people died after being anointed some did not, and so it seemed that at least in some case the sacrament could effect a physical cure. Some theologians suggested that the prayers were for

healing the body, which might happen, but that the anointing was for the healing of the soul, which always happens. According to Hugh of St. Victor, sickness afflicted the body as a result of sin, and so when sins were forgiven through the sacrament it sometimes happened that the body was cured. Hugh believed, however, that this would not occur unless God saw that recovery would be spiritually beneficial for the person who was ill”.

However the Council of Trent tried to revive the original understanding of the ministry of anointing. The final draft on the discussion on the sacrament of anointing proposed that instead of the ministry be directed to the dying it should be open for those in particular who are in danger of death. In the same light the Council of Florence listed extreme unction as the fifth sacrament and pointed out that it should be given also to the sick who were in danger of dying (Martos 1943:338) In spite of the efforts made by the council fathers the attitude towards anointing never changed.

From this period we can conclude that the sacrament was only administered in circumstances where death was certain and recovery was deemed not possible or foreseen. The minister of the sacrament is the priest and the involvement of lay people was minimal. This would be the circumstances of sacrament of anointing at the start of the Second Vatican Council.

3.1.2.4 Second Vatican Council.

The Second Vatican Council presented a new outlook of the healing ministry in the Universal Roman Catholic Church. It is clear from historical documentation that before this period the anointing of the sick was reserved for the dying, emphasizing spiritual healing and in the process physical healing took a secondary position and was less thought of. In the Dogmatic Constitution on the sacred liturgy, *Sacrosanctum Concilium*, three paragraphs are devoted to the anointing of the sick. Firstly, **paragraph 73**, which maintains that, “extreme unction” which may also and fittingly be called “anointing of the sick” is not a sacrament for only those who are at the point of death. This would mean that once again the praxis is opened even to those who are

sick but not necessarily dying. The implication therefore is that the faithful can receive the anointing of the sick repeatedly in their life time, even when they still had hope to live; indicating a sound return to ancient tradition. Consequently physical healing would again come into the picture as an effect of receiving this sacrament. Secondly, **paragraph 74** states that “in addition to the separate rites for anointing the sick and for viaticum, a continuous rite shall be prepared according to which the sick person is anointed after he has made his confession and before he receives viaticum.” In this way the ordinary anointing of the sick person is separated from extreme unction, which remains relevant to the dying. Lastly, in **paragraph 75** the fathers hold that “the number of anointing is to be adapted to the occasion, and the prayers which belong to the rite of anointing are to be revised so as to correspond with the varying conditions of the sick who receive the sacrament.” Here we see the rules governing the rite of anointing of the sick being relaxed so that the sacrament can be accessible to the faithful and can now be received repeatedly as often as the faithful desire. The anointing of the sick consequently becomes a means towards pastoral care of the sick.

More documents emanating from Second Vatican Council, i.e. *Lumen Gentium* notes that “by the sacred anointing of the sick and the prayer of the priests the whole Church commends those who are ill to the suffering and glorified Lord that he may rise them up and save them (LG, 11). In *Presbyterorum Ordinis* priests are affirmed “in community to hold the sacred power of Order” (PO, 2) and “by anointing of the sick they relieve those who are ill” (PO, 5); and *Gaudium et Spes* is more specific when it mentions that “the joy and hope, grief and anguish of the [men] people of our time, especially those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well” (GS, 1) furthermore calling on the Church to “read the signs of the time and to interpret them in the light of the Gospel, if it is to carry out its task” (GS, 4).

Throughout these documents we see that the anointing of the sick is placed within the pastoral care of the Church, which is perceived to be the continuation of the healing ministry of Christ. The sick are now an integral concern in the ministry of the church, thus bringing their care into the forefront in the RCC.

3.1.2.5 Encyclicals and Exhortations Post Second Vatican Council

Encyclicals are letters that the pope as the head of the RCC sends out to bishops to communicate a particular message to the whole church, and exhortations are pastoral messages of the pope that usually come after a consultation with the bishops of the world who participated in a particular synod that the pope invited them to. An apostolic exhortation establishes a clear direction for Catholics to critically address issues that are being discussed within the church and in modern society (Rome Reports). These documents often invite members of the church to reflect on particular issues.

Pope Benedict XVI in his post synodal exhortation, *Africae Munus – Africa's Commitment*, is sympathetic to the quest of the African church to utilize its own modes, derived from its variety of rich cultures to interpret and live out the Christian faith as he declared “for this reason I call upon the Church to look at Africa with faith and hope” (Benedict XVI 2011:06). In the quest to make the healing ministry relevant this affirmation suggest that Africans can develop Christian theologies that are in touch with their realities, providing much needed answers to their questions around the issues of sickness and disease. Furthermore he observes that,

I also see grounds for hope in Africa's rich intellectual, cultural, and religious heritage. Africa wishes to preserve this, to deepen it and to share it with the world. By doing so, it will make an important and positive contribution (Benedict XVI 2011:08).

Africae Munus notes with grave concern the challenging circumstance that are faced by believers in the African continent, such as ‘wars, conflicts, pandemics, racism and xenophobic attitudes’ thus it declares that the Church feels called to respond to these challenges. It is, in some sense, an imperative born of the Gospel. However, it also observes that many have taken advantage of the poor by providing false beliefs through a variety of ‘prophecies and visions’. The Church's theology and pastoral care must determine the cause of this phenomenon, not only in order to stem the haemorrhage of the faithful from the parishes to the sects, but also in order to lay the

foundations of a suitable pastoral response to the attraction that these movements and sects exert (Benedict XVI 2011:73 – 74). This is an invitation to the Church in Africa to search for answers from within its rich cultures and respond appropriately to the need for healing within its parish communities.

In another post synodal exhortation that came from John Paul II, *Ecclesia in Africa* (The Church in Africa), a proposal was made for a new evangelisation of the continent of Africa. It expressed the church as God's family wherein it "emphasises care for others, solidarity, warmth in human relationships, acceptance and trust" (John Paul II 1995:39 – 40), as values that are appropriate for Africa. We see here family is placed in the centre of Christian life and consequently called to be concerned about the well fare of the afflicted.

3.1.3 Praxis in South Africa.

The teaching of the Church fathers in Councils is universal but its implementation is within a particular church and that brings us to the problem as to how it has been received in particular churches, specifically in this case as we look at the Diocese of Witbank in the Southern African Catholic Bishops Conference Region. The teachings of the Second Vatican Council remain relevant to all Churches of the world and serves as a departing platform for any developments in the theological thinking of the church. For the purpose of this research the study is limited to the context of the Southern African Catholic Bishops Conference Region, particularly in the Diocese of Witbank.

3.1.3.1 The Southern African Catholic Bishops Conference.

The Southern African Catholic Bishops Conference is made up of the dioceses of the whole country of South Africa and includes also Swaziland and Botswana. All bishops and local churches in the territory belong to the conference. The SACBC is the custodian of the Catholic Faith in these countries. As a magisterium they are responsible for bringing across the Catholic Faith as a means of Evangelising the faithful and also to provide direction in situations of uncertainty. Mindful of the challenge of *Africae Munus* and the call for a new evangelization, the SACBC

recognises the need to deepen the faith and Catholic identity of our people so as to promote a real sense of ownership of faith and of the church which will be expressive of its African nature (SACBC Priorities 2012:01).

In the previous years as a result of the rise of healing ministry within its region and the evident frequenting of sangomas and traditional healers by Catholics, the SACBC has issued some statements on the matter, e.g. A message of Hope, Community in Service of Justice and Peace, Ancestor Religion and the Christian Faith. In this way they embarked on a campaign to conscientise the faithful about the spiritual and economical dangers that this new churches pose to their well being. In a statement on the 11 August 2006 the bishops maintained that:

We notice with a measure of concern, that many African Christians, during difficult moments in their lives, resort to practices of traditional religion: the intervention of ancestral spirits, the engagement of spirit-mediums, spirit-possession, consulting diviners about lost items and about the future, magical practices and identifying (smelling out) one's enemies. (SACBC 2006:10).

Many of the practices of priests trying to make the healing ministry available to the faithful were demonised. As principal agents in the healing ministry priests were left with no direction. They resorted to what worked for them, individual preferences, sometimes mixing Christianity with tradition thus becoming syncretistic. This led to some ministries of healing developing within the Church, parallel to the official teaching of the church. As a result there have been abuses in the ministry forcing certain bishops in the region to intervene in situations where it appeared that certain practices were contrary to what the church holds in faith, for example, ethics in ministry, sermons during celebrations, financial implications, offerings, et cetera. In this regard some priests were prohibited to perform healing ministry, as the bishops ruled that:

Priests and religious must desist from ubuNgoma practices involving spirits, and channel their ministries of healing through the sacraments and sacramentals of the Church. Resolution of the August 2006 Plenary Session of

the South African Catholic Bishops Conference, Resolution 2.5.2 (SACBC 2006:11).

Since priests were prohibited from practising the ministry of healing and it was non-existent in many parishes people were left with no choice but to seek help elsewhere, from traditional healers and other denominations.

The bishop's response is more of a reaction to a potentially threatening situation than an initiative to teach the Catholic faith or to make the healing ministry pastorally available. Here it would appear that the SACBC holds on to a doctrinal approach to ministry in the spirit of pastoral theology rather than engaging in practical theology consequently does not find meaning in African traditional practices. This resolution reinforces the teachings of the epoch before the Second Vatican Council in that it emphasises the sacramental approach to the healing ministry, where we see the ministry confined between the priest and the sick person with minimal or no participation from the affected family or community of the faithful. Since the Diocese of Witbank is a particular church in the territory of the SACBC such decisions affected how it approached the healing ministry.

3.1.3.2 Diocese of Witbank

In this research the Diocese of Witbank, which is one of the churches within the region of the SACBC, is of particular interest. It is within its context that one to investigates the efficacy of the teaching of the Roman Catholic Church on healing. Currently the Diocese of Witbank has about 100 000 Catholics. This is ascertained through the annual population statistics that are collected and sent to the Vatican. Baptismal and confirmation records are kept and the number of baptisms in the current year will be added to those of the previous year to create new population register. A problem that rises from creating a population register in this way is that it fails to cater for the deaths that occur and those who leave to join other churches or just revert to African traditional religions. While a death register is kept it however does not inform the statistics in the diocese.

There is no documentation with regards to the healing ministry in the Diocese of Witbank, besides inferring that the ministry of healing as it is in the Roman Catholic Church is anointing of the afflicted person when a priest administers the sacrament of the sick. To perform the ministry priests rely on the rites and rituals as prescribed by the church. Through the interview schedule and observations hopefully we can arrive at a clear understanding of what has been happening and what needs to be done so that the ministry can be brought to the forefront of pastoral care in the diocese.

3.2 Towards an integrated and intercultural healing ministry.

There appears to be in existence a lack of mutual engagement between religion and culture in the RCC with regards to the healing ministry. It is evident that many are leaving the Catholic Church in search of healing in other religions [and denominations] because they feel that certain elements of their culture are being respected (Mwaura in Waruta & Kinoti 2005:77). Some who hold on strongly to the Catholic faith are disillusioned and have given up practicing, others resort to syncretism or sects which incorporates it, while others are not so sure (Uzukwu 1977: 156). Between 1980 and 1990 in South Africa, the number of Christians belonging to mainline churches as the Anglican, Methodist, [Roman] Catholic, and Dutch Reformed Church declined by 25 percent from 12.1 million to 9.1 million (Bate 1995:15) and has been on the decline since. There is clearly a need for an African approach to sickness and disease in the RCC and other mainline denominations if they are to be relevant. The fact that the problem is persistent is an indication that for many Catholics the anointing of the sick in their private home is not sufficient to produce the desired results.

3.2.1 An African approach to sickness and disease.

In the African worldview sickness and disease are a result of relationships that have broken down in community and in the family. We understand worldview from Michael Kearney's definition as cited by Hesselgrave (1991:198) that it is

“people’s way of looking at reality. It consists of basic assumptions and images that provide a more or less coherent, though not necessarily accurate, way of thinking about the world”.

The worldview is evidence that before Christianity African societies already had ways of dealing with life problems such as sickness and death. For African sickness does not just come about. Often when sickness or disease is manifested there appears the need to understand where it comes from, is it the work of the ancestors or the actions of certain person? In order to understand the sickness or disease it is often best to know where it came from, and in that way healing can be brought about in a short space of time. Magezi (1991:22) calls this personalistic in the sense that “disease is explained as affected by the active purposeful intervention of an agent, who may be human (a witch or sorcerer), non-human (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being[s])”. Naturally to ascertain this people consult ATR or go to churches where they hope to find an answer. The natural African context provides certain attitudes and assumptions that are deeply imbedded in consciousness of traditional people; that cannot be easily deleted from the memories of those who convert to the Catholic faith.

Among Africans in South Africa, healing can never merely be viewed along conventional Western mechanistic lines bounded by the limitations of its closed, rational approach, because African healing is rooted in a worldview which is larger and broader (Oosthuizen 1968:47). Even though the faithful have embraced Catholicism they however still prefer their sickness to be treated in a manner that is inclusive of their worldview. At the level of intuition however, one suspects that the cause of this blockage to cure and healing is a deep-lying belief of many traditional African people that they cannot be cured and healed of their condition[s] because of certain surmises, incidents, experiences, feelings and beliefs...having its origin in numerous culturally-held beliefs of Africans (Manala 2006:10), which in the RCC are dismissed as superstitious and irrational.

3.2.2 The Church as an unappreciative guest.

The Church does not approach ATR and culture as an equal partner rather it looks at it from an inferior position. It imposes its own ideas of about how faith should be lived out without engaging and appreciating existent cultural belief systems where it is received as a guest. Kilombe (1978:146) notes that “within the Christian Church Tradition the problem of the encounter with other religious systems and traditions has not been purely an intellectual one, engaging people’s minds on a calm theoretical level...it has been first and foremost a practical, existential challenge, involving strong sentiments of sacred duty to be accomplished, calling for concrete tasks and programmes.” Shorter notes

This systematic prejudice naturally put[s] Christian[s] who still practice African traditional religions in bad faith, and they are often faced with the difficulty, and the often impossible task of choosing between loyalty to the church which does not offer the kind of consolations that they are seeking and a religion that they believe can do so (Shorter 1980 in Africa Ecclesial Review, Volume 22, Number 1, p. 30).

It has been accepted without interrogation that with the dawn of Western civilization Africans would simply submit themselves and easily accept Christianity. Until recently it is customary in the Church to deal with African culture and practices as inferior pagan practices, and consequently there is [was] still no interest in the providential role that these worldviews could have played in the development of a sense of deity or the supernatural in the African context (Kilombe 1978 in Africa Ecclesial Review, Volume 21, Number 3:144).

We further see a superficial and reluctant cooperation in that “good elements in them [African cultures] which could be respected as positive were accepted as such mainly because they happened to resemble what were taken as authentic Christian values” (Kilombe 1978 in Africa Ecclesial Review, Volume 21, Number 3, p.144). This hermeneutics of suspicion further alienates the African Christian as it only appears as a window dressing rather than attempting to infiltrate the African religious psyche.

Manala (2006:15) asserts that “if it is true that Christianity is an incarnational religion, there should be a category of Christianity that is essentially African... within such category there should emerge a Christian ministry that resonates with the African world-view” and for many Africans lack of it is the reason that drives them further away from the RCC.

3.2.3 Integration as a new Incarnation.

There is a need for the integration of the African worldview with Christian Tradition for a true incarnation of the Gospel to take place. As Christ came to the world and found a home in it so must the Gospel be at home in any culture where it is readily received. A search in this regard will help develop an authentic African way to channel God’s saving activity at the credit of recognizing African traditional values and culture as a means by which salvation can be achieved. We need to rethink Christ and to understand him as he is present in our African history and culture and to confess our faith in the land God has given us, we African Christians cannot live apart from the creative efforts that mark our people’s memory today (Ela 2001:139 – 140). Consequently the reliance upon the Western approaches and strategies to the exclusion of the African world-view is loss of membership and negative growth because members look and go elsewhere for their needed services (Igenozu 1994:133). An effort must be made by Traditional Christian theology to meet with African Traditional theology. In the light of the method of correlation as proposed by Tracy such a relationship is possible as both parties approach each other with mutual respect and less suspicion. However the African approach to our problem is not without challenges.

3.3 The Challenge of the RCC on the African Approach.

While the RCC seems to be keen and open to an African Christianity it however lacks good will in seeing it through. Plausible reasons are provided below.

3.3.1 African context as a genuine consideration.

The secondary attitude of an African approach as it is currently, is in itself a stumbling block and renders its theology irrelevant. The mission of the church was to bring the true faith to pagans and to save their souls from darkness, not to engage with their prior faith or religious experience (Kilombe 1978 in *Africa Ecclesial Review*, Volume 21, Number 3, pg 146). Africans first need to recognise as a matter of urgency that their belief systems are meaningful and worthy of respect thus get rid of the imposed attitude that anything but African is not good. African theologians need to engage with the Catholic faith from within their own context as opposed to viewing it from the secondary position of the west, and this necessitates that their religious experience, culture and traditions be taken into consideration for the creation of an authentic African approach to Catholic Christianity.

An inquiry from inside rather than from the outside is imperative for a stable relationship between Catholic Faith and African culture. This approach will help us deal with the African context in a less contemptuous way. Uzukwu (1977:158) argues that “relevant theology anywhere necessitates that the word of God be interpreted to a people in the context of their experiences and way of life...that this interpretation must be related to [their] worldview, their institutions of cultural life as well as their symbolic interpretations of reality.” The African theologian in this regard will feel “with his whole person the seriousness of the problems, questionings, preoccupations, hopes, fears, desires, and joys from which these religious attitudes springs (Kilombe 1978 in *Africa Ecclesial Review*, Volume 21, Number 3, p. 155). Paul Cardinal Zoungana (All Africa bishops Symposium held in Kampala in 1969. *Sharing*, Vol 1, No.1) noted that “our very being must not be conferred from outside, it is the duty of the African church to define its own objective; its own apostolic priorities.” The church that operates in Africa therefore needs to take seriously African people’s existential life situations and in the forefront of this is respecting their belief system (Manala 2006:).

3.3.2 The RCC and Non-Christian Religions.

In *Nostra Aetate, declaration on relation of the Church and non – Christian religions*, the Second Vatican Council maintained that “the Catholic Church rejects nothing which is holy and true in these religions. She looks with respect upon those ways of conduct and life, those rules and teachings, which though differing in many particulars from what she holds and set forth, nevertheless often reflect a ray of that Truth which enlightens all [people] men”. While this sounded positive it however remained timid and very general without identifying specific actions to be taken in bringing these holy and true elements to the forefront. The African theologian

“ must not fear to state that the religious systems of his ancestors were not just tolerated by God, but were the results of the efforts of our cultures wherein the spirit of God was an active agent and therefore there would be no fear to assert that, as long as these religions were the serious searching of our culture for the deity, they are to be respected as the normal divinely – given means for salvation, put by God in his will for the salvation of all the peoples” (Kilombe 1978 in *Africa Ecclesial Review*, Volume 21, Number 3, pg 156).

3.3.3 The Need to Re- Evangelize.

The church has to re-evaluate its practices, attitudes, and teaching on questions that were left unanswered during the first phase of evangelisation (Ela 2001:140). There is an imperative need to move away from sacramentalization of peoples to truly evangelising them, helping them develop a true relationship with Christ. In the early days of the first evangelisation African [Christians] were fed doctrine and they accepted it without understanding the implications and obligations it will have on their faith. The re-evangelisation is a call to go beyond a ministry of institutions and meet African [Christians] within their daily existence (Ela 2001:141), thus making Christ present in their immediate situations of ill health and disease. The Church must face up to the urgency of the challenge to explain and give answers to members who still feel the need to revert to ATRs.

Ela (2001:141) asserts that we need to reread the Bible itself in light of the African [Christian's] relationship to the invincible world, so that we may grasp the realm of sickness and healing, and show the power of salvation inherent in the gospel. It is deeply embedded in the African Christian's psyche that there are invisible powers and occult forces that are controlling their circumstances. To counter these a catechesis needs to be developed, that will without down-playing the concerns of the African Christian, proclaim the supremacy of Christ as the true healer and consoler. Additionally, Ela (2001:142) maintains that a "search for concrete happiness under the protection of ancestors and in the light of the gospel must be a concern for the church in Africa...such a search could lead African [Christians] to grasp the essential faith".

African Christians must be allowed the opportunity to read the gospel in their own language and cultural understanding, without having to judge its meaningfulness from foreign forms and what has been done before. We alone can create a way for us to believe, to read the bible, to celebrate the mystery of salvation, and to organize the life of Christian communities (Ela 2001:142), and this can be achieved by looking deep into the heart of indigenous traditions and culture.

Conclusion

This chapter elaborated systematically from a historical perspective and presented the teaching of the RCC on healing. It looked on the teaching of the RCC from scriptural background and how the healing ministry developed into the traditions of the church by visiting documents relevant for this study. The author brought this teaching into the context of the SACBC, under which the Diocese of Witbank belongs. The seeming conflict between Western Christian practices and traditional African practices is evident in the literature consulted and presented. The RCC has transmitted its practices into the African context as they are, as a result Africans are alienated and feel conflicted as the doctrines of the church seem not to be dealing adequately with

the phenomena of sickness. The call for an African Christianity appears to be much more urgent than before.

CHAPTER 4

VOICES OF THE PARTICIPANTS

Introduction

In this chapter we go through the data that was derived from the research done in the preceding chapters. Here we identify the voices of those that participated in the study and reconcile their responses in categories and themes with the research problem. The voices presented are what participants submitted in the research process through the answering of the questionnaire, document analysis and also the personal observations that were made by the researcher. They are presented in their raw form to decipher what the current trends are in the Diocese of Witbank with regards to the healing ministry.

The voices of participants inform the research process in that they provide answers as to how they understand the research problem. This helps the researcher to view the problem from their perspective and it offers an opportunity to engage with the participants at a personal level and accords a dialogue between them that creates an opportunity to clarify concepts. This part of the research process is informed by the research questionnaire that was rolled out in the Diocese of Witbank and answered by volunteering priests, deacons, and the laity. The following questions were posed to participants:

What is sickness or disease?

What do you understand when we speak about the healing ministry in the context of the Roman Catholic Church?

How often do you have the healing ministry in your parish?

Kindly explain how the ministry is done in your parish?

What do you think needs to be done to make the Church's healing ministry meaningful in the Diocese of Witbank?

The findings from the questions asked above are provided in the categories and themes in the next paragraphs.

4.1 The understanding of sickness or disease

In the responses that were received from participants to the question, what is sickness or disease? Two kinds of answers were provided. These answers can be understood to be stemming from a traditional cultural worldview and also from religious Christian worldview.

4.1.1 Religious Christian worldview

The religious Christian worldview on sickness or disease is the Church' understanding of sickness or disease and it is drawn largely from the western understanding of medicine and it stands in opposition with some of the congregants' understanding of sickness or disease. Many of those that participated in the study noted that the church's attitude stems from Western knowledge of the human body and its functions. That sickness or disease is mainly the failure of the body to function properly and this needs medical attention. There is a naturalistic approach in the church to deal with sickness or disease. This is supported by the fact that the prayers for healing in the church are very minimal. On the other hand, many of the congregants feel that sickness and disease are unnatural phenomena.

4.1.2 Traditional cultural worldview

The traditional cultural worldview asserts that sickness or disease is imposed by another on another. It is inter-relational between living beings and between the living and the dead. This worldview provides a super - naturalistic understanding of sickness or disease to many of the participants to an extent that they believe that each case of affliction must be investigated.

4.1.2.1 Witchcraft

Generally it is held that there are forces that can be manipulated to bring about sickness or disease. Sickness is understood as a curse that is sent by others and never

happens accidentally. It is the work of external forces that seek to disrupt one's life. Basically they are actions of others to harm another. A story was narrated of how one man in the village got sick because he stole from another, and that the victim retaliated by going to a sangoma to bewitch the perpetrator, and another is that of a jealous family member that casted a spell on another.

4.1.2.2 Relationships

Sickness is also understood to be a signal of unhealthy relationships in a family including the relationship with one's ancestors. When the balance in relationships is disturbed sickness is bound to exist. In this case because many find no help in the RCC they resort to seek for help Independent Christian Churches and ATRs as they are at home with them.

4.2 Healing Ministry in the context of the RCC

The healing ministry in the context of the RCC is the actions of the priest directed towards those that are sick. This is done through prayer for the sick with the use of Holy water, anointing, use of incense, distribution of communion, laying of hands and confessions. All this is aimed at helping the faithful spiritually, psychologically to tackle their problematic situations with the hope that those that are afflicted can experience a transformation in health and a spiritual renewal. This ministry is between the priest and the one who is sick and often lasts for a few minutes. It is believed that this healing is brought about by our Lord Jesus Christ at the intercessions of the priest. This is sometimes understood as the possession by evil spirits that stand against the freedom to worship God and it necessitates the need for believers to be spiritually delivered from such. This service is performed by the RCC through prayer to treat a person that had been going through a difficult time because of sickness or trauma. Furthermore others see it as the action of the priest or deacon visiting a sick person to pray with them and to give them communion.

4.2.1 Healing Ministry in the parishes of the Diocese of Witbank

A general voice that is heard in this regard is that the ministry of healing in the church is not visible in the Diocese of Witbank. It appears that the healing ministry in the church is either very private or it is not appealing publicly to members of the church.

4.2.1.1 Healing ministry as a private ministry

There is a general understanding that prayers of healing are reserved for the dying. There exist the belief that the healing ministry is reserved between the priest and the recipient of the sacrament. Often when this ministry is performed there is confession which can only be administered between the priest and the penitent. This is because of the seal of confession that the conversation between the priest and the penitent can only be known to them and there is a church law that prevents such conversations from being disclosed to any third person. Because people are scared to announce their sickness this is kept as a private matter. Since sickness is kept a secret many hardly call the priest for prayers and when they do it is in the comfort of their homes.

4.2.1.2 Healing ministry as a public ministry

In parishes where the ministry of healing appears to exist it only takes place once or twice a year in the context of the liturgy of the church. Some participants have noted that in their parishes the ministry is limited to visiting priests and it is not a frequent in the life of the parish. An observation made is that some priests have no interest in the healing ministry and that has prevented the ministry taking root in parishes that they serve and that has prompted parishioners to go look for healing in parishes and other churches where the ministry is celebrated. Generally in the Diocese of Witbank very few parishes have the healing ministry. In the light of this many have resorted to go to other churches and ATRs in search of healing.

4.3 Signs of healing ministry in the Diocese of Witbank

There appears to be a new movement in the territory of the SACBC to bring to the fore this ministry of healing as some Catholics do not know that there is such a ministry in the church. It is observed in parishes that have the healing ministry that

time will be allocated in the liturgical life of the parishes for prayers of healing and other para liturgies to support the ministry.

4.3.1 The Laying of hands

This is visible through the laying of hands as the priest prays over them. Here individuals approach the priest or the deacon and hands are laid on them as a sign of the imposition of the Holy Spirit. Participants feel that this action confirms the protection of God.

4.3.2 The anointing with oil

It is believed by many that the use of oil can bring about physical healing. The background to this lies in ATRs as various oil are given to patients to cure a variety of ailments. The use of oil is accepted in the RCC as it assimilates what is happening peoples cultures, so they approach the anointing with oil in the church with confidence, however there is the misgiving that rises from the prohibition to take these oil home to be used in their private space.

4.3.3 The use of Holy Water

It is generally held that water embodies life giving qualities and has some healing effect when it is drank or when one uses it to wash with. Blessed water is seen to have powers to exorcise people and places. When it is used it is believed to cleanse curses and to provide protection when sprinkled with. So in some parishes priests and deacons frequently bless water for people to use at home.

4.3.4 The use of Incense

Incense understood to be holy smoke that many believes symbolises divine presence. Traditionally when incense is burnt it affirms the presence of the supernatural. The use of it in church gives witness to the presence of the Holy Spirit. Many use the incense

at home when they pray and they use it to bless their houses. When incense is used during healing services in church it brings about a mysterious faith in the actions that are performed by the priest that they will bring about the effects of spiritual and physical healing. With the use of incense some participants believe it connects them to God.

4.3.5 The hearing of confessions

During the healing services in parishes where it takes place and at the annual pilgrimage people are given an opportunity to go for the sacrament of reconciliation. During this period people are given a chance to confess their sins and thus receive absolution as a means towards holistic healing. It provides a therapeutic atmosphere in that it allows penitents to be open to the priest without fearing any reprisals. Again confessions offer a chance to look at one's life and see if they are the cause for their sickness.

4.3.6 The celebration of the Holy Eucharist

The celebration of the Holy Eucharist provides for a community engagement as all parishioners gather together for worship. Some of these celebrations are centred on the healing ministry in parishes where the ministry is existent. The reception of the body and blood during the Holy Eucharist is medicinal as some hold that it brings healing to their bodies and souls. The music in the celebration has some healing effect as parishioners lift up their hearts to God in prayers and thanksgiving. There is a suggestion that more healing services can be held during these celebrations.

Having listened to the voices of the participant in this chapter of the research we now move to the next chapter to see as to how some authors handled them. Hearing these voices provided a much needed voice for the RCC to know that even though it appears that not much is done with regard to the healing ministry people are nevertheless talking about it.

Conclusion

Presented in this preceding chapter are the voices of the participants, those who answered the open-ended questionnaire and those who further availed themselves for an In-depth interview with the researcher concerning the healing ministry in the RCC, particularly in the Diocese of Witbank. The author summarized the responses and presented them as raw as they are without any interpretation. In the next chapter these voices are consolidated with literature.

CHAPTER 5

CONSOLIDATION OF THE VOICES OF PARTICIPANTS AND LITERATURE.

Introduction

Having listened to the voices of the participants in the preceding chapter we now seek to reconcile these voices with literature around the presented problem on the ministry of healing in the RCC's Diocese of Witbank. This chapter presents an opportunity to explore how the responses provided by participants have been dealt with by different authors in literature. Through identifying these similarities and differences a new response to the unique circumstances of the Diocese of Witbank emerges.

5.1 The conflicting worldviews on the question of sickness or disease

In the understanding of sickness two worldviews were distinguished from the responses of participants. Worldview is summarised by Bates (1995:137) as the number of perspectives in terms of which men construe the world as “complex strategic negotiations in which symbolic forms are formulated, appropriated, manipulated and mobilised to curve out a human identity and a place for that human to stand and act as a human being”. Worldviews are necessary for they provide answers to existential circumstances that otherwise would remain a mystery. From a young age when we were sick we went to a doctor and if it persisted we were taken to a traditional healer (Participant C). In the same light participant E maintains that it was the elders in the family that decided which sickness needed a prayer and which needed a medical doctor or traditional healer.

Two worldviews are evident here namely, traditional cultural worldview and religious Christian worldview. Uzukwu (1977:156) highlights that a considerable number of baptised Africans hold strongly to the Christ, however there are some who are disillusioned and have given up practicing, others resort to syncretism; meaning that it is common for Africans to subscribe to both worldviews and consider them not to be in conflict. Thabede (2008) maintains that the marginalisation of the African [traditional cultural] worldview may be the reason why most Africans adhere

simultaneously to both traditional/African and Western psychological treatment regimes when they contend with psychopathological challenges. Manala (2016:11) observes that “for many years it was noticed by many theologians in Africa that in times of crisis, the average African Christian reverts to the traditional African religious practices. These worldviews provide for the African a shelf of prescriptions in that if one has no answer for a particular case of sickness, he or she will search for answers in the other. Below we explore both these worldviews.

5.1.1 Religious Christian worldview

The religious Christian worldview on sickness or disease is the Church’ understanding of sickness or disease and it is drawn largely from the western understanding of medicine and it stands in conflict with some of the congregants’ understanding of sickness or disease. Many of those that participated in the study noted that the church’s attitude stems from Western knowledge of the human body and its functions. Western thought generally ignores the spiritual dimension of phenomena and focuses on the visible, measurable physical reality (Thabede 2008). In *Africae Munus* (2011: 108 – 109) the Church Fathers stressed more the existence of health institutions within the Church as a way of Christ being present among the sick and emphasised that “health care institutions need to be managed in compliance with the Church’s ethical norms, provide services which conform to her teaching and are exclusively pro life”. For Christians suffering cannot be eliminated, yet it can have a meaning and become an act of love and entrustment into the hands of God who does not abandon us; in this way it can serve as a moment of growth in faith and love (Francis 2013: 57). Sickness or disease is mainly the failure of the body to function properly and this should be accepted as being one with Christ on the cross. Thabede (2008) further elaborates that “in Western thought supernatural causes are not considered to be plausible explanations of phenomena, wherein African thought supernatural causes play an important role in explaining phenomena.” Participant G notes that in the church they never talk about the influences of the supernatural as these are viewed to be superstitious. It prefers to adopt “a scientific position [that] doubts this givenness and

attempts to understand the world in terms of verified concepts which enable control and exploitation of it” (Bates 1995:137).

There is a naturalistic approach in the church to deal with sickness or disease. To those who suffer, God does not provide arguments which explain everything, rather, his response is that of an accompanying presence, a history of goodness which touches every story of suffering and opens up a ray of light (Francis 2013:57). This view is supported by the fact that the prayers for healing in the church are very minimal.

Mwaura asserts:

Though the Church is aware of the importance of integral healing, this issue needs greater attention for what we usually observe in Churches’ healing programmes is an over stress of physical medicine and treatment to the total exclusion of spiritual, social and other forms of healing. (Mwaura & Kinoti 2005:73).

On the other hand, some of the congregants hold the traditional cultural worldview which holds that sickness or disease is an unnatural phenomenon that needs to be investigated.

5.1.2 Traditional cultural worldview

The traditional cultural worldview is captured well by Asante (1987:06) in his concept of Afrocentrism that “it is a perspective that allows Africans to be subjects of historical experiences rather than objects of on the fringes of Europe.” African people must and should see, study, interpret and interact with people, life, and reality from their vantage point rather than from the vantage point of European people, or Asian, or other non-African people, or from the vantage point of African people who are alienated from Africanness (Gray 2001:03). In dealing with African people their beliefs, practices and values should be taken into consideration as these informs their worldview and how they approach life and its challenges. Bates (1995:55) notes that the kind of sickness that people bring for healing are extremely diverse and do not always correspond to what those operating within a Western cultural paradigm would call sickness. In the traditional African world everything is controlled by the spiritual

world which determines and awards weal or woe, abundance or work, illness or health, continuing life or death (Oosthuizen 1968:136). This observation has been neglected by the RCC that it imposed a European perspective on the African people and consequently led to the ignorance of the African worldview on matters of mutual concern, such as sickness and disease.

This African cultural worldview holds that sickness or disease is unnatural as it is imposed by another on another. A person or ancestors can wish bad luck or even send sickness to another either because of jealousy or retaliation (Participant D). It is experienced as an imposition either by ancestors or those one currently shares our life with. It is inter-relational between living beings and between the living and the dead. This then means resorting to the intervention of the ancestral spirit is specifically in response to a personal or family misfortune in the form of an inexplicable disease, or the waning fortunes of an individual, at times exacerbated by the socio-economic conditions in which people find themselves (Tlhagale 2018:127). This worldview provides a super - naturalistic understanding of sickness or disease for many of the participants to an extent that they believe that each case of affliction must be looked at individually to decipher the possible causes of sickness and these are identified in the next subsection:

5.1.2.1 Witchcraft

Generally it is held that there are forces that can be manipulated to bring about sickness or disease. Sickness is understood as a curse that is sent by others and never happens accidentally. Sewela (2017:14) defines witchcraft as the practice of black magic, sorcery, or intercourse with evil spirits or demons in order, through supernatural aid, to accomplish evil of various kinds. It is the work of external forces that seek to disrupt one's life. In the same light Ekechukwu (1982:89) maintains that any sickness whose cause cannot easily be diagnosed is likely to be attributed to witchcraft. These will be the actions of others to harm another. Many Catholics are feeling that they are not at home in the Church because of not getting adequate support and attention from the church agents when they are faced with [these kind of] challenge [s] (Sewela 2017: 14 – 15).

In contrast the RCC appears to be dismissive of the phenomenon of Witchcraft and this leaves many feeling alienated and conflicted. The church does not take the issue of witchcraft seriously as it views it with suspicion; we know it exists but often the priests dismiss it as a superstition and as a sign of lack of faith in Christ (Participant H). According to Domingues (2000:62)

The theory of witchcraft attributes the source of one's misfortune and suffering always to 'the other', the 'utterly evil one.' This easily creates an atmosphere of suspicion and often leads to unspeakably unjust accusations and punishment of the weaker members of society, such as the elderly, the handicapped or the mentally disturbed, rather than allowing people to assume their own share of responsibility for the suffering that afflict them.

Because of the attitude of the church and lack of concern towards this phenomenon many have resorted to go to other churches or traditional healers and prophets who seem to understand their frustration. Africans believe in witchcraft because things happen that they cannot explain in any other way, and that the[y] symbols of witchcraft provide an explanatory framework (Sewela 2017:30). In *Gaudium et spes* (GS, 37) the church condemns witchcraft as superstition, an obsessive preoccupation with Satan and demons. This was further highlighted in the African Synod as the bishops of Africa concluded that witchcraft is a belief that must be contradicted as it was viewed as cultic. The understanding of this problem of witchcraft in the church is very shallow thus in *Africae Munus* the synod fathers maintained that the belief in witchcraft is pastorally destructive and a barrier to evangelisation as they further declared that:

Witchcraft, which is based on the traditional religions, is currently experiencing a certain revival. Old fears are re-surfacing and creating paralyzing bond of subjection. Anxiety over health, well being, children, climate, and protection from evil spirits at times lead people to have recourse to practices of traditional religions that are incompatible with Christian teaching. (*Africae Munus* 2011:75).

For the RCC to make an impact in African communities in which it exist the phenomena of witchcraft must be attended to as a matter of urgency. This is a fact that must be acknowledged to help the sick to feel that they are being understood and consequently their fears and frustrations are being dealt with. Since the Church finds witchcraft to be “not logical and scientific”, pastoral agents who do not share the people’s cultural beliefs might find it a challenge to discuss with those affected problems involving witchcraft (Thabede 2008). There is an inevitable need for the RCC to reach out to traditional religions as an equal partner not from a superior position that is dismissive and alienating. Often witchcraft is born of broken relationships between individuals, families and communities and ancestors.

5.1.2.2 Relationships

Sickness is also understood to be a signal of unhealthy relationships in a family including the relationship with one’s ancestors. There is a constant interaction between the world of spirits and the world of men in [African] worldview (Ekechukwu 1982: 85). According to Participant G they suffered a lot of misfortune, bad luck combined with sickness because they did not attend the funeral of their aunt, so the suffering has been viewed as retaliation from the world beyond. I had to perform certain rituals to reconcile with my dead aunt and it was then that life changed for the better (Participant G). When the balance in relationships is disturbed sickness is bound to exist, and it is viewed as evidence of the existence of unhealthy relationships. The human person needs healing in all the fundamental areas where one’s life is threatened, not only at the physical and psychological levels, but also in one’s relationships with the community of the living and the community of the departed (Domingues 2000:56).

The relationship between the living and the dead is approached holistically as both are relational and cannot be viewed separately from each other. Health is a sign of correct relationship between people and the environment, with one another and with the supernatural world (Mwaura & Kinoti 2005:78). Furthermore Mwaura and Kinoti (2005:79) asserts that “peaceful living with one’s neighbours, observing social norms and living in harmony with one’s environment and with God, spirits and ancestors, is

essential to protect oneself and one's family from disease". When there is a breakdown in relations among peoples misfortunes are bound to appear. For Africans it comes naturally that when sickness appears in the family relationships must be investigated to find the root cause of the sickness. Currently the ministry in the RCC, the Diocese of Witbank in particular, is not addressing these issues with the urgency that that it needs.

5.2 Healing Ministry in the context of the RCC

The healing ministry in the context of the RCC are the actions of the priest directed towards those that are sick in a pastoral care context. According to Martos (2001:347) the catechism affirms the restriction of administration of the sacrament of anointing to ordained priests. This tradition has been passed on to date and it is a general practice of the church. The priest exercises this ministry through prayer for the sick with the use of Holy water, anointing with holy oil, use of incense, reception of Holy Communion, laying of hands and confessions. All this is aimed at helping the faithful spiritually, psychologically to tackle their problematic situations with the hope that those that are afflicted can experience a transformation in health.

This ministry is between the priest and the one who is sick and often lasts for a few minutes. When my grandmother was sick and aunt called the priest we did not know how to participate in what the priest was doing as he read mostly from a little book and in no time he was done and leaving (Participant R). It is believed that this healing is brought about by our Lord Jesus Christ at the intercessions of the priest. This is sometimes understood as the deliverance from possession by evil spirits that stand against the freedom to worship God and it necessitates the need for believers to be spiritually delivered from such. This service is performed by the Church through prayer to treat a person that had been going through a difficult period because of sickness or trauma. Furthermore others see it as the action of the priest or deacon visiting a sick person to pray with them and to give them Holy Communion. I was sick and the priest came to see me and prayed with me and gave me Holy Communion but he hardly asked about my sickness or how I was feeling (Participant F).

For many Christians this practice is accepted as a normal way of belonging to the church but it does not penetrate their traditional way of living as they continue to find solace in the practice of traditional ways of dealing with sickness. The healing and evangelical missions directed to the Africans did not have a holistic impact but was seen as directed to different parts of the same person, the body and the soul whereas in Africa this dualistic view of the person is nonexistent (Mwaura & Kinoti 2005:81). In the same light Domingues (2000:57) notes that instead of conversion coming out of an encounter between the two faiths, what frequently took place was some form of syncretism, taking something of the new religion, without leaving behind most of the old one.

5.2.1 Healing ministry in the Diocese of Witbank

A general voice that is heard in this regard is that the ministry of healing in the church is not visible in the Diocese of Witbank. It appears that the healing ministry in the church is either very private or it is not appealing publicly to members of the church.

5.2.1.1 Healing ministry as a private ministry

There is a general understanding in the RCC that prayers of healing are reserved for the dying. There exist the belief that the healing ministry is reserved between the priest and the recipient of the sacrament. Often when a priest visits the sick they are given privacy and if there is any participation of other members of the family it is minimal (Participant D). This understanding has been fuelled throughout the centuries as it has been presented in chapter three of this work. The role of the laity was minimised when the anointing of the sick developed into a sacrament and in that way greater emphasise was put on the role of the priest as a representative of Christ, who acts in his name, consequently as Martimort (1988:112) observes making the sacrament a secret affair, being performed apart from the community.

Often when this ministry is performed there is confession, sacrament of penance, which can only be administered between the priest and the penitent. It has been counted as one of the seven sacraments by theologians since the twelfth century and by official documents of the RCC in the thirteenth century (Martimorth 1988:102). In

it is contained the seal of confession, implying that the conversation between the priest and the penitent can only be known to them and there is the issue of Canon law that prevents such conversations from being disclosed to any third person. Because people are scared to announce their sickness this is kept as a private matter.

Since sickness is kept a secret many hardly call the priest for prayers and when they do, it is in the comfort of their homes. What perpetuates this attitude amongst members is that they love to be Christians but at the same time they have the belief that the situation that they find themselves could have been imposed on them by relatives and other people they come in contact with. So keeping the sickness private is their way of dealing with their circumstances as they search for answers to their affliction. One cannot announce sickness in public because in that way enemies will strengthen their attack and further inflict pain on the sufferer (Participant F).

The privatisation of the healing ministry in the RCC, besides its own historical development, has been largely supported by the insinuations and leaning towards the existence witchcraft among African people. In situations like this one Sewela (2017:88) notes that eventually when people are not helped privately they “leave the Church for other denominations for help as they believe that these other churches are able to sufficiently address their challenges and need for healing”. While the ministry remains largely a private matter there are visible signs that it is becoming public in some parishes.

5.2.1.2 Healing ministry as a public ministry

In parishes where the ministry of healing appears to exist publicly it only takes place once or twice a year in the context of the liturgy of the church. Our priest is not interested in the healing ministry as a parish activity seeing that we hardly have such a service in our parish (Participant B). Participant A maintains that the “only ministry towards the sick in the parish that I [they] know is when the priest visit someone in hospital or the elderly in their homes”. Some participants (C and D) have noted that in their parishes the ministry is limited to visiting priests and it is not a frequent in the public life of the parish. An observation that I made with regards to participants G, H,

I, J, K L, M, N, O, P and Q is that some of the priests have no interest in the healing ministry and that has prevented the ministry from taking root in parishes that they serve and that has prompted parishioners to go look for healing in parishes and other churches where the ministry is celebrated regularly. Shorter (1985:56) observes that:

When Africans are sick they usually do not want to be left alone. Sickness is a social concern and the sick are a focus of solicitude on the part of their family and immediate community.

Generally in the Diocese of Witbank very few parishes have the healing ministry. In the light of this many congregants have resorted to go to other churches and African traditional healers in search of healing. Participant F observes that even though I [they] do not want to disclose [my] their sickness in public praying with others in church gives [me] them support to face this challenge in [my] their life, thus seeing that [we] they do not have that in [our] her parish [I] she visit[s] other churches.

One reason ascribed to the attraction of prophet-healing African Independent Churches is their mediation of healing (Mwaura & Kinoti 2005:82). People flock to these churches because they display what they need most in their lives, healing. Mwaura and Kinoti (ibid) further alludes that “most Africans still believe that their problems, material or psychological have a spiritual (mystical) explanation” and an in depth look into this is viewed to be cultic and destructive in the Roman Catholic Church. As a result a visible healing ministry in the Diocese of Witbank is still in its developmental stage.

5.3 Signs of the healing ministry in the Diocese of Witbank

The recent special assembly of the Synod of Bishops on Africa called the attention of the whole Church to the urgent need of bringing the mystery of Christ into healing contact with people who experience themselves as under attack from the visible and invisible forces of evil, which bring about sickness and suffering (Domingues 2000:49). There is a new movement in the territory of the Southern African Catholic Bishops Conference to bring to the fore this ministry of healing as some Catholics do not know that there is such a ministry in the church and the Diocese of Witbank is not

immune to these developments. I have seen in several parishes we visited with the Sacred Heart Sodality, within the diocese and outside, the practice of this healing ministry and the attendance was good (Participant E). Another participant (H) notes that in the parish of Uganda Martyrs in the Sekhukhune deanery the healing ministry is performed frequently and that the attendance is good. In our parish it happens once a quarter and if it is announced earlier many people attend the service (Participant G). In the parishes where the ministry of healing takes place in the Diocese of Witbank these would be the manifesting signs:

5.3.1. The Laying of hands

The laying of hands, or sometimes called imposition of hands, is a visible symbol of invoking the Holy Spirit (Acts 6: 5-6, 8:14-19) as the priest prays over the people. Grun (2003:256) observes that “the priest says nothing as he lays his hands on the sick persons’ head, thereby summarising, as it were the prayers of all the faithful”. When the priest, in one conference I attended, laid hands on me during the healing service I felt the personal touch of Jesus (Participant G). The laying of hands is a biblical practice that is very prevalent in the ministry of Christ (Lk 4:40, Mt 9:18, Mk 5:23, 8: 22 – 25, Lk 13: 13 et cetera) and the church has adopted it as a practice through which people can be blessed and healing be effected (Acts 9: 12,17, 14: 3,19, 11, 28: 8 et cetera). People view the laying of hands as gesture or sign dispensing personal grace. According to Bate (1995:41) the laying of hands is considered to be a very powerful healing form and that many believe that faith in Jesus as well as the mysterious power of God to heal especially through the sign of the laying of hands.

5.3.2 The anointing with Holy oil

Throughout the biblical times (Mk 6: 12, Js 5:13 – 16)) and through “the centuries blessed oil was seen as a sacramental substance through which God could affect physical cures” (Martos 1943:325). This is not contrary to the practice of many African cultures as they also practice anointing for the purposes of bringing about healing. I remember once I had a swelling on my left leg a variety of fat from plants and animals were smeared on the affected area, even though it took time to heal I

however lived in the hope that each time I applied the mixture on my leg I will be healed (Participant P). Participant E notes that each time there is a service of anointing with Holy Oil in the parish everybody will participate.

Modern doctrine holds that “in principle that the anointing in the church is for the sick, but in practice it was given only to people who were not likely to recover from their sickness (Martos 1943:325). However, at the dawn of the Second Vatican Council the original purpose of the Ninth Century ritual has been restored, and it is now a sacrament from which both spiritual and physical healing can be anticipated. As soon as one of the faithful begins to be in danger of death from sickness or old age, the fitting time for that person to receive this sacrament has certainly already arrived (Martimort 1988: 134, Lumen Gentium 11, Dol 4 no 141).

Consequently we see more people participating in the healing ministry wherever it is publicly available. Participant Q asserts that since praying for the sick has been in the open more people ask for the sacrament unlike when it was confined to private homes. Slowly there is a development in the Diocese of Witbank with regards the healing ministry being visible publicly. Participant L notes that “Sometimes the queue would be long at the pilgrimage but I do not mind waiting for my turn as I know I will feel much better after the anointing with Holy Oil by the priest”. In agreement Martimort (1988:135) asserts further that the anointing brings above all a grace of health, strength, alleviation of suffering, and even at time of healing.

5.3.3 The use of Holy Water

Common in both traditional cultural and Western Christian worldviews is high regard that is put on the importance of water as having healing effects on those that drink it and wash with it. Mbiti (1991:152) asserts that from a traditional cultural worldview:

We should take note of the very common use of water in many rituals all over Africa. It symbolises purification and cleansing, not only of bodily but also of mystical impurities contracted through broken taboos, the commitment of crime, and the contamination by magic or curse. When so used water becomes a religious object (Mbiti 1991:152).

In the same light Western Christian worldview holds that water is a symbol through which grace is dispensed for the sanctification of the faithful. Martimort (1988:44) notes that ever since creation, when the spirit of God hovered over the waters (Gen 1: 2), water has also, and above all, been the place where life emerges.

Holy water is water believed to have been prayed over by a priest or a deacon. Such a blessing imparts special powers on the water and those that use it have the benefit of life. This water is believed to have been exorcised through prayer and thus has been endowed with healing powers. People normally bring water in containers and ask for a blessing from the priest or deacon. This water is in turn used to wash, for food, to sprinkle around the house for protection from evil and demons. I usually take water to be blessed by the priest and whenever I cannot sleep or have a bad dream I would sprinkle my room and sleep peacefully thereafter (Participant E). As a priest (Participant U) I often pray and bless water for people who are afflicted by various diseases and fears for use privately in their homes. Often the prayers on the water are emphasising the call on God to breathe on the water so that it may wash, cleanse produce a new creation, and in case of those afflicted by sickness or disease to bring about healing and consolation (Martimort 1988 46).

As a sign of repentance sometimes during liturgies congregants are sprinkled with Holy water. When I am sprinkled with Holy water I feel a burden being lifted from me and hope instilled in me as this is literally a cleansing for me (Participant G). In the parishes of the Diocese of Witbank the use of Holy water is common and has become a normative sign and symbol of cleansing for parishioners.

5.3.4 The use Incense

Another sign of the existence of the healing ministry in the Diocese of Witbank is the use of incense to invoke the power of healing. Incense is manufactured from specific types of trees and it is common in the surrounding cultures and in the church. I burn incense in my house for protection against evil spirits and witchcraft and I feel confident each time I use it that I am safe from any harm (Participant P). The attributes that traditional incense has are seen in the use of the incense that is usually

used in the church liturgies. We have now made the incense available in our repository for people to purchase for the use in their homes and we always run short of it as it is in demand (Participant S). The use of incense is seen as a sign of prayers going up to heaven in Christian liturgies though in cultural praxis it is viewed as a spiritual manifestation of protection. The use of incense is a symbol of reverence and a prayer (Psalm 141:2, Revelation 8:3) as it helps one to be deeply immersed into the mysteries of God. In the cultural context the use of incense sense is drawn from a similar understanding as the use of Holy water to exorcise and make sacred a particular dwelling.

5.3.5 The hearing of Confessions

The sacrament of confession is seen in the Catholic Church to be another means through which healing can be brought about. During confessions penitents show remorse for the sins they committed against God and against neighbour. The effects of going for confession are forgiveness and inner healing. The sick need the help of someone who listens to them and supports them (Grun 2003:242). As part of the care of the souls in the Diocese of Witbank priests are to make time to be available to hear confessions in their parishes and also at the annual diocesan pilgrimage. The opportunity to go for confessions opens up in me the desire to embrace life and remove myself from sin (Participant J). According to Martos (2001:316) the sacrament is therapeutic in that it is done in an atmosphere of pastoral counselling. While the penitent opens up about their life to the priest; it is done in confidence and allows the priest to engage and offer spiritual guidance and even consolation. The ministry of listening is very pertinent to the healing ministry of the Church, as it identifies what could be the cause of sickness or disease. People are encouraged to use the opportunity for confessions as a part of their journey towards healing.

5.3.6 The celebration of the Holy Eucharist

The Holy Eucharist celebration is seen as the official public worship of the Roman Catholic Church in such that it brings people together as a community to worship

God. This celebration draws its meaning from the Last Supper (Mt 26:26-28). Degrandis (2016:09) asserts that:

The sacrifice of Mass is the very heart of our faith and central to our relationship with God. In the Mass the great mystery of the life, death and resurrection of the Lord Jesus Christ is celebrated in a sacramental way so that we might partake of that life. As we enter in, receive and apply the benefits of this consuming act of love we are changed, converted and healed.

The reception of the body and blood of Christ during the celebration of the Eucharist has some effects in that it is both spiritual and medicinal. It is spiritual because for Catholics when they receive the body and blood of Christ, under the species of bread and wine, they hold in faith that they are receiving Christ himself; and it is medicinal because when it is consumed it can bring some healing on those who receive it. Participant K observes that “I always feel better when I receive communion during mass. It feels like Christ embraces me and carries my worries with me”. From the earliest Christian days, the Eucharist was seen as a sacrament of healing and transformation, a rite that brought wholeness to the people who celebrated it (Degrandis 2016:10). The Mass itself is a healing service, as each time we come for communion the preceding prayer “Lord I am not worthy to receive you, but only say your word and I shall be healed” resonates in our hearts.

In the preceding study we looked at the similarities and differences that exist between the Religious Christian worldview and the Traditional cultural worldview with regards to anxiety around sickness and disease. Both worldviews agree that sickness is a phenomenological problem that needs to be addressed if the RCC, particularly the Diocese of Witbank, is to be relevant on addressing the exodus that it is experiencing from its members as they leave the Church in search of healing in other spheres.

Conclusion

The consolidation of voices with literature in this chapter allowed the author to explore the phenomenon of sickness in the Diocese of Witbank from inside, and also employed the work of some authors to bring a new perspective to the research

problem. Some similarities and differences were identified and they can be fertile soil for the development of an integrated - intercultural healing ministry. From the preceding discussion it is evident that the healing ministry is taking root in the Diocese of Witbank though it is in its developmental stage.

CHAPTER 6

RECOMMENDATIONS AND CONCLUSION.

Introduction

In the preceding chapters we have explored the phenomena of sickness and the challenge it presents to the RCC, particularly the Diocese of Witbank. Having engaged with different aspects of the problem this chapter pays attention on the findings of the study and as a result proposes certain recommendations towards the development of an effective healing ministry in the Diocese of Witbank.

6.1 Findings from the research

The research findings are the conclusions that are arrived at by the researcher, drawn from the responses of participants, to be the current status of the healing ministry in the Diocese of Witbank of the RCC.

6.1.1 Sickness is a concerning factor.

From the responses of the participants it is clear that they live in fear of sickness and disease. Many are affected by sickness and long to be relieved from it, and as of consequence they are willing to try anything that will help alleviate the pain that they are going through. The researcher notes that this phenomenon touches the life of parishioners in such a way that it affects their behaviour and also raises questions of faith.

6.1.2 Conflicting worldviews.

The Roman Catholic Church has adopted a naturalistic approach to the problem of sickness while the approach from a traditional cultural context is super-naturalistic. The Catholic Church's approach is not addressing the fears of the people in that it views reasons for sickness provided in cultural context to be superstitious and as a

result we witness an exodus of parishioners from the RCC to other churches or ATRs in search of healing as many feel that the church is not addressing the problem adequately.

6.1.3 Healing ministry is not a priority in the Diocese of Witbank.

The healing ministry is not well promoted in the Diocese of Witbank as a public ministry. In the parishes where the ministry is seen to be developing it is purely on the personal interest of the priest whereas in other parishes it is non-existent solely because the priest has no interest. Generally, this gives the impression that it is enough to anoint the sick in the hospitals and their private dwellings. For this reason those who are sick do not feel the support of the parish community thus resulting in them to look for solace in churches and other religions where they are supported.

6.1.4 Lack of knowledge on the doctrines of the Roman Catholic Church.

The Roman Catholic Church is known to be the most documented on history and the development of traditions and doctrine; however these documents are not easily available to indigenous communities to scrutinise and read as they are written in languages that people cannot understand. The material for religious formation that is aimed at developing the faith of the people needs to be translated into vernacular for people to understand but this seldom happens. If people are not exposed to the documents that explain the Catholic faith it will be difficult for them to remain faithful as they are easily attracted to what they know and it is seen to be commended in other churches and ATRs.

6.2 Recommendations

In the light of the findings above, listed below are some recommendations that can be implemented for the purpose of developing a healing ministry that is relevant to the needs of the parishioners of the churches in the Diocese of Witbank. These recommendations are theological and pastoral.

6.2.1 Theological Recommendations.

The theological recommendations are based on the quest to develop a Catholic theology that will be able to provide relevant answers to existential questions such as the problem of sickness and disease as experienced in the Diocese of Witbank. They are as follows:

6.2.1.1 An option for Practical theology.

In the Second chapter of this work practical theology was opted for against doctrinal/systematic theology, which is sometimes referred to as confessional theology; as the new way of doing theology that could be adopted by the RCC. This is from the back ground that systematic theology which is doctrinal in its nature has not provided answers that are relevant to the context of indigenous communities. The church needs to move from an imposing theology towards a developmental theology. Practical theology provides a new opportunity for theology to meet culture without looking down on it but as a partner that has something to offer. Many people across disciplines are now talking about matters central to practical theology, such as the use of the social sciences to study religious experience, the use of ethnography to study theology, the investigating of material practices, the study of culture as a central category for analysis, and the location of scholarship in its personal and social context (Miller-Mclemore 2012:102). Systematic theology which is pastoral in nature will then given way to a praxis that is rich with action and activity. Heitink (1993:7) considers practical theology as:

An “empirically oriented theological theory” which chooses its point of departure in the experience of human beings and in the current state of church and society, [and] is indeed characterised by a methodology that takes data with utter seriousness, takes these as a starting point and keeps them in mind as it develops theory.

6.2.1.2 A critical correlation intervention.

There exist a clear separation between the two approaches, namely the Religious Christian worldview and the Traditional Cultural worldview, and that can easily lead to an anxiety which has been displayed in the departure of many Catholics to seek help in other denominations and African traditional religions. This necessitates a critical correlation, between the traditional cultural worldview and the religious Christian worldview, which will enable a mutual support between these approaches towards addressing the problem with the healing ministry of the RCC, with special reference to the Diocese of Witbank. Relevant theology anywhere necessitates that the word of God be interpreted to a people in the context of their experience and way of life (culture) and that for [any culture] this interpretation must be related to [their] worldview, their institutions of cultural life as well as their symbolic interpretation of reality (Uzukwu 1977: 158 in AFER Vol 9 no 3).

In the light of the critical method of correlation there should be an intercultural approach to sickness that equally evaluates both worldviews as possible way of providing answers to the problem of sickness and disease. This offers the church an opportunity to “rectify earlier theological limitations both in the light of new resources made available by further historical, philosophical, and social scientific research and reflection and in the light of the legitimate concerns and accomplishments...of neo-orthodox and radical theological alternatives (Tracy 1975:32).In the light of this Poucota maintains that:

African traditions are [were] but steppingstones, i.e. cultural, religious, symbolic, and ritual elements that are compatible with the data of the Christian faith. There exist cultural values capable of preparing African society to welcome the Gospel. In this perspective, [they] we can look[ed] for matches between traditional religions and Christianity (Bujo and Muya 2006: 84).

When these two worldviews meet they should approach each other with mutual respect and understanding. Furthermore, Tracy (1975: 32) asserts that a correlative

intervention will facilitate the “dramatic confrontation, the mutual illuminations, and corrections, the possible basic reconciliation between the principal values, cognitive claims, and existential faiths of both reinterpreted post-modern consciousness and a reinterpreted Christianity.

A correlative intervention necessitates further study on part of those scholars who seek to make Christian theology meaningful in the context of indigenous cultures. For the African theologian the need for an African Christian theology is urgent today than it was before.

6.2.1.3 Developing an African Christian Theology.

It has become apparent in the case of the phenomenon of sickness in the Diocese of Witbank that the Christian theology that has been adopted from the West inadequately addresses the issues raised. It was the missionary attitude that to save the African it was necessary to transpose to Africa the Church of Europe or America with its structures, its thoughts and its rite (Poucota in Bujo and Muya 2006:84). The fact that African are now searching for a Christianity that is theirs, a Christianity that is Africanised and personalised; already suggest that they were professing Christianity in a way that is foreign to them (Akweu in AFER 1981, Vol 23, no 3:148). The need for an African Christian theology has become obvious, and to curb the departure of parishioners from church the RCC should consider investing in the development of African theologies that will provide much desired solutions to their problems. Nyamiti (Bujo and Muya 2006:153) agrees that African theology should be a discourse on God and what is related to God in accordance to African needs and mentality.

The RCC’s places of training, universities and seminaries, in Africa need adopt an incarnational approach that allows for the decolonization and indigenisation of the theological curriculum. The incarnation of Christ needs to be isolated from western culture not out of spitefulness but to affirm Africans that they can also host Christ. It must be understood that Africans have long been thinking about God and that the incarnation of Christ is a manifestation of this deeply held belief. Dickson holds that,

“theological education in Africa needs to move away from producing theologians who are at home with in Western theological thought to theologians who would be able to contextualise their theology for relevance. With a thorough understanding of African life and thought they can appreciate the need to appropriate Christianity as true Africans without having to deal with any situations of dissonance. As African Christians, they will be able to hold the two faiths in reasonable tension without being syncretistic” (Bujo and Muya 2006:100).

The birth of an African theology will give an impetus to the development of a relevant inculturation process.

6.2.1.3.1 Inculturation as the focal point.

The church can learn how to respond to sickness or disease in a manner that is accepted by indigenous people from their cultural response to sickness or disease through the process of inculturation. The general appeal of inculturation is that Christianity should welcome from the different cultures all the positive elements that can be reconciled with Christianity (Kiaziku2009:108). Inculturation presupposes a closer contact with the bible and with Tradition, a meticulous analysis of African traditions so as to attract from them true and meaningful values, specifically African, which may be used as starting point to attain Christ (Poucota in Bujo and Muya 2006:85).In this regard an African theology can respond much favourably to the circumstances that many feel Western theology is failing to provide solutions to.

The African Synod is a fountain of hope for the African Church and for African theologians. In it the Church Fathers once again reiterated the mandate to make Christ present in all cultures. In her concern for relevance and credibility, the Church needs to carry out a thorough discernment in order to identify those aspects of the culture which represent an obstacle to the incarnation of Gospel values, as well as those aspects which promote them (Benedict XVI 2011:38).

6.2.2 Pastoral Recommendations

The pastoral approach of the church so far has not yielded positive results with regards to attracting the majority of parishioners to the healing ministry. The initiatives taken are not speaking to the hearts and souls of the people as they are rooted in exported models that remain foreign to the culture of indigenous communities. There is a need to develop a model of the healing ministry in the RCC that speaks to the fears and frustration of African people affected by sickness and disease without judging them.

6.2.2.1 An Integrated - intercultural model of Healing.

In order to make the healing ministry in the RCC, particularly in the Diocese of Witbank, relevant ministry must be viewed as an action and an activity not as an explanation of how to do ministry, which has long been the subject matter of pastoral theology. It is an action because the church does something to address the problem of sickness and disease; consequently bringing to the attention of its members the awareness that it is concerned with their fears and frustrations around the phenomenon of sickness. On the other hand, it is an activity because it is on-going and seeking to deal with a prevalent problem recognising that the problem of sickness and suffering is on-going. As an activity it is consistently in search of new answers to existential problems.

This model is integrated when it does not dichotomise the human person. It views him or her from a holistic perspective without requiring them to leave behind something in them that might be viewed as incompatible with the Christian faith. The church in this regard must approach a person who is confronted with sickness and disease as a sum total of their religious experience and social context. In this way traditional beliefs must not be viewed with suspicion but as opportunities to enhance the Christian faith. Similarly, the model is intercultural because it recognises that both Western and African cultures have something to offer each other in order to make the experience of Christ's incarnation a reality. Western Christianity must recognise that African Christianity or any other indigenous experience of the faith is not in competition, they

are only searching for identity. Consequently, an intercultural model allows for a plurality of meanings and interpretations of the same Gospel. The integrated and intercultural model of the healing ministry in the Diocese of Witbank can be best expressed in its activities as it provides answers to the problem of sickness and disease amongst its parishioners, as listed in the next subsections.

6.2.2.1.1 Christian formation

Christian formation in the RCC can best be described through the activities of religious education that is meant to pass on traditions of old and to help people grow in faith. It is the mandate of Christ to his disciples that they are to teach, preach and heal (Mt 10: 7 – 8). Manala (2016:1) asserts that Christian ministry, ‘the healing ministry’ should be formulated and practiced in a way that resonates with the African social expression and cultural practices. Culture should be seen as a means through which faith can be promoted. This education starts from the experience of reality in lived out cultures and moves to Christian theology as another source of reference in responding to the problem of sickness. Christian formation can address the phenomenon of sickness in a manner that is open and non-imposing. Africans must be respected and the ministry channelled in their idiom, with consideration for their customs and beliefs; otherwise their understanding, appropriation and assimilation of the message will be shallow (Manala 2016:2). With more education in this regard more people can be drawn without the shame of contradiction to appreciate both Christian and cultural values without being syncretic.

6.2.2.1.2 Prayer.

Prayer is appropriated as the core element in the spirituality of the church as it religiously draws people into a relationship with God. Prayer is the raising of one’s mind and heart to God or the petition of good things from him in accord with his will (CCC 534). Through prayer people are drawn into a religious experience of the divine. The idea of God as Supreme Being, Creator, the one who gives life and sustains it, the

one who provides our needs etc., is very common among African people as Africans have been religious since from time immemorial (Baudena and Gichuhi 2002:13).

For the prayers of the church to touch lives they must reflect and express what is in the heart of the people. Abstract prayer without context can easily alienate people as it shies away from what matters. In its liturgies the church should include the prayers for the sick expressing the fears and frustrations of the people; and at same time express faith in God who protects and sustains life. The church exists to assure its members that God understands their pain and suffering; and what is important to the church is best expressed in its prayers and liturgies. In this regard prayers for the sick can also be included in the Eucharistic prayer as it is done for the dead.

6.2.2.1.3 Healing ministry as community ministry.

We need to de-individualise the healing ministry in the RCC, particularly in the Diocese of Witbank, appropriating it in the parish community context rather than in the personal interest of the priest. The ministry must be driven by the needs of the community and thus it should be an action and activity of the community. While it is true that the sacramental role is reserved for the ordained priest it is however the community that expresses the need for the ministry and in this way its existence does not rely on the initiatives of the priest but on the needs of the community. This is an invitation to the priest to immerse himself into the culture of the people and thus be in a position to express in prayer their concerns and fears with regard to the phenomena of sickness and other issues that may emanate from his involvement with the parish community.

A community driven healing ministry offers an opportunity for an intercultural exchange in that the church is asked to focus on the universality of the problem of sickness and thus not only see it from its Western Christian worldview. The intercultural approach, aims in the final instance, to establish in reality the practical conditions that enable the subjects of any cultural universe to utilize the “reserves” of their tradition of origin as a point of support for their own personal identity, without

discriminatory consequences, and to participate in using this cultural references in the process of exchanging ideas (Gittins 2015:03). The church in this regards sheds its superior position and becomes Christ incarnated into the community. For a long time the church has been an intruder imposing itself on culture, however with an intercultural model of ministry it becomes a welcomed guest. A guest, who arrives carrying gifts and at the same time will be taken care of by his or her host.

These recommendations are suggestion that the researcher thinks can help towards making the healing ministry fulfilling in the RCC of the Diocese of Witbank and he accepts that they are valuable but a stone in the ocean. African Catholic theologians have been challenged in this regard to make the development of an African Catholic theology a focal point of their study and research.

Conclusion

This chapter concludes the study in that it submits the findings of the research and also makes some recommendations as to how the problem of the healing ministry in the RCC, particularly in the Diocese of Witbank, can be handled. The findings are the author's interpretation of the responses from participants in the study. From the findings it is clear that the church is not aligned with the needs of the people, when it comes to its healing ministry dealing with the questions raised as people are confronted with sickness and disease. The recommendations made by the author are theological and pastoral. They are theological as they propose the development of an African theology as a matter of urgency in the RCC and they are pastoral as they can be implemented in the current state of the healing ministry in the RCC. As envisaged earlier the author proposes an integrated – intercultural model of the healing ministry for the Diocese of Witbank.

General conclusion

This study is aimed the investigation of the healing ministry of the RCC, particularly how it has been received and implemented in the Diocese of Witbank. In the first chapter, the author gives an overview of the whole research and the procedure to be followed to achieve the desired results. The research is both empirical and theoretical. The empirical component of it is evident in the field research that the author engaged in through the following activities: (i) interviews, (ii) facilitating the open-ended questionnaire, (iii) participant observation and (iv) document analysis. The second chapter further elaborated on this component by taking the reader into confidence in the method and design of the study. The research was done in an ethically conducive environment and the privacy of participants was respected. The theoretical component is manifested in the literature that is reviewed and the theological method of correlation that underpinned the study. Additionally, the teaching of the RCC is reviewed in chapter three bringing different authors to further discuss this teaching from different perspectives. The voices of participants in chapter four is consolidated with literature in chapter five, thus allowing the researcher to explore the phenomenon of sickness in the Diocese of Witbank from inside, and also employed the work of some authors to bring a new perspective to the research problem. In the concluding chapter findings of the study are presented and recommendations made by author contributing to the discussion on the healing ministry in the RCC of the Diocese of Witbank. The recommendations are theological and pastoral. They contribute towards making the healing ministry in the church relevant, however, they by no means exhaustive solution to the research problem. In the end as a pastoral solution the author proposes an integrated – intercultural model of the healing ministry for the Diocese of Witbank.

The phenomenon of sickness and disease is an existential problem that cannot be ignored by society. Religion is at the heart of the deliberation as to how it can be handled for the consolation of those who are afflicted and those that are affected. However, no single religion can provide all the answers to this phenomenon as we have come to understand from the findings of this study. For Christianity to be

relevant in Africa it needs to shed its superiority complex and learn from traditional African cultures, especially concerning the treatment of sickness and disease. Traditional cultures have something to offer towards the consolation of the sick and those affected by disease. Christianity, particularly Catholic theology, needs to be open to this idea and the duty of African theologians is pursue an African theology that will contribute towards the development of an African Christianity.

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ANNEXURES

Annexure A



Diocese of Witbank

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1035

02.03.2015

Dear Sir/Madam,

TO WHOME IT MAY CONCERN

Rev. Fr. Vusumuzi Magagula, under the supervision of Dr. O. A. Buffel, Department of Practical Theology: UNISA, is doing a research project titled: *“A practical theological study of the efficacy of the Roman Catholic Church – Witbank Dioceses’ teaching regarding the healing ministry: towards the development of an integrated and intercultural healing ministry.”*

I, as the bishop of the Diocese of Witbank, authorize Rev. Fr. Vusumuzi Magagula to carry out this study since a greater part of the research will be about and within this Diocese itself. I therefore authorize him to access persons and resources of relevance within the Diocese to collect data that can be used for his dissertation.

Those participating in the research will be required to give information about the status of the healing ministry in their respective parishes within the Diocese of Witbank and possibly give suggestions as to how it can be approached in an inclusive way.

The idea is to identify three lay people in at least half of the parishes of the Diocese of Witbank to initiate a discussion as envisaged by the research project title. Also to be consulted are the Bishop and priests working within the Diocese, through the Priest' Council, who are willing to participate in the study.

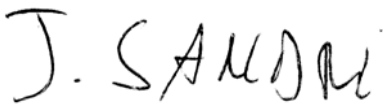
Participants will be required to sign a consent form just for purposes of acknowledging that they have been consulted to contribute in the research. They are free to stop their participation at any given time during the interview or group discussions with no obligation bearing on them thereafter.

All the information that will be gathered from participants through this project will be treated with the utmost confidentiality. Where needed, permission will be requested in writing to give it to third parties.

There are no known or foreseeable risks to participants of the study and all participants will be debriefed upon completion of the research project.

I wish Rev. Fr. Vusumuzi Magagula success in this research and with his studies.

Kind regards,

A handwritten signature in black ink, reading "J. SANDRI", enclosed within a thin black rectangular border.

+ Giuseppe Sandri MCCJ

Bishop of Witbank

Annexure B

Research Questionnaire

Topic: *A practical theological study of the efficacy of the Roman Catholic Church – Witbank Dioceses’ teaching regarding the healing ministry: towards the development of an integrated - intercultural Healing Ministry.*

1. Faith Based

1.1. What is sickness or disease?

1.2. What do you understand when we speak about healing ministry in the context of the Roman Catholic Church?

1.3. How often do you have a Healing Ministry in your parish?

1.4. Kindly explain how the Healing Ministry is done in your parish?

1.5. Are you participating in any ongoing formation/Christian formation programme currently?

-----Explain-----

1.6. What do you think needs to be done to make the Church's Healing Ministry meaningful in the Diocese of Witbank?

1.7. Personal comment:

2. Culture Based

2.1. What is sickness or disease?

2.2. What symbols of your culture are used in the Roman Catholic Church generally?

2.3. What are the cultural symbols do you feel can be used in the Roman Catholic Church's Healing Ministry?

Explain-----

2.4. According to you is the Roman Catholic Church responding with understanding to your cultural and traditional worldview?

----- Explain-----

2.5. Have you or any of your parishioners consulted an Inyanga or Isangoma recently?

Explain-----

2.6. What is the Roman Catholic Church's attitude towards traditional healers and traditional medicine?

2.7. Can you think of some cultural practices that can be adapted in the Diocese of Witbank to make its Healing Ministry more meaningful and effective?

2.8. Why is it that many Africans prefer traditional healing systems than Christian faith and medicine?

2.9. Do you know of an effective healing ministry in the parishes of the Diocese of Witbank or any other parish in Southern African Catholic Bishops Conference Region?

-----If yes, please fill in the following:

Name of Parish-----

Name of Town-----

Name of Diocese-----

2.10. Personal Comment:

Annexure C

Letter of Consent

TITLE: *A practical theological study of the efficacy of the Roman Catholic Church – Witbank Dioceses’ teaching regarding the healing ministry: towards the development of an integrated and intercultural healing ministry.*

I avail myself to be interviewed, through answering semi structured questions for the purpose of the study mentioned above, on a voluntary basis.

I understand that there is no potential risk that I may encounter through my involvement in this exercise and if there should be I would feel free to stop at anytime with no obligations thereafter.

My name will only appear on the consent letter with no further permission given that it be disclosed to third party sources; need be my permission shall be given in writing only.

A copy of this memorandum has been given to me

For further information I could easily be reached at:

Name:.....

Address:.....

.....

.....

Tel:.....

Email:.....

Participant

Date

Researcher

Date

